



# Spoiled Rotten Pet Services

## Client Sitting Information Sheet

### Owner Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Time of visit for each day: How flexible are the times? \_\_\_\_\_ (i.e., give or take ½ hr, etc.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
AFTN							
EVE							
BED							

### Additional Services:

- Mail/Paper    
  Plants watered    
  Security Check    
  Trash  
 Other \_\_\_\_\_

### Property Description:

Securely Fenced: Yes  No  Gate Properly Working: Yes  No

Invisible Fence: Yes  No  Pet Door: Yes  No

Describe any problems with the fence (ie. gate not easily latched, dog digs under fence, etc): \_\_\_\_\_

\_\_\_\_\_

Location of cleaning supplies (solvents, broom, dustpan, paper towels, etc.): \_\_\_\_\_

\_\_\_\_\_

Location of Emergency Shut Off Switches:

Gas: \_\_\_\_\_ Water: \_\_\_\_\_ Circuit Breaker: \_\_\_\_\_

Will you have any one else on your property while I am there (relatives, friends, house cleaner, etc):

Who: \_\_\_\_\_ When: \_\_\_\_\_