



Client Name (First/Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Dates / Times of Service:**

Expected departure date and time: \_\_\_\_\_ Expected return date and time: \_\_\_\_\_

Date and time of first visit: \_\_\_\_\_ Date and time of last visit: \_\_\_\_\_

**How do we get in the house?**

Keys:  Yes  No Entry Door:  Front  Back  Side  Other (describe) \_\_\_\_\_

Garage door code:  Yes  No Code Number: \_\_\_\_\_ Instructions: \_\_\_\_\_

Security system:  Yes  No Security Code \_\_\_\_\_ Instructions: \_\_\_\_\_

**Home Care: Would you like any of the following services provided at no additional charge?**

Indoor plants watered?  Yes  No Where/Frequency? \_\_\_\_\_

Garbage / recycling taken to curb?  Yes  No When? \_\_\_\_\_

TV or radio left on for pet(s)?  Yes  No When? \_\_\_\_\_

Mail / Newspaper brought in?  Yes  No When? \_\_\_\_\_

Lights rotated?  Yes  No Where/Frequency? \_\_\_\_\_

**Pet Care:**

**Dogs:**

- One daily visit - Dog walking
- One daily visit - Pet sitting (dogs)
- Two daily visits
- Three daily visits

**Cats:**

- One daily visit - Pet sitting (cats)
- Two daily visits

**All prices are subject to Minnesota State Sales Tax**