



# Client Information Sheet

## All Paws on Deck

### Owner Information:

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

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

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

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

### Time of visit for each day:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
T							
I							
M							
E							

### Additional Free Services:

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

### Security System:

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Code: \_\_\_\_\_

Password: \_\_\_\_\_ Door Entering (must be near alarm): \_\_\_\_\_

Arming Instructions: \_\_\_\_\_ Disarming Instructions: \_\_\_\_\_

### 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, 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 (relatives, friends, house cleaner, etc):

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