



Stay'n Play

PET CARE

Client Information Sheet

Name: _____

Primary Phone: _____

Address: _____

Secondary Phone: _____

Emergency Contact: _____

Emergency #: _____

Additional Free Services

Mail / Paper Plants watered Trash Other _____

Security System

Code: _____ Arming/Disarming Instructions: _____

Alarm Company: _____ Phone: _____ Password: _____

Property Description

Securely Fenced: Yes No Invisible Fence: Yes No

Pet Door: Yes No

Describe any problems with the fence (gate not easily latched, digs under fence, etc.): _____

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

Will you have anyone else on your property? (relatives, friends, house cleaner, etc):

Name: _____ When: _____ Why: _____