



**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: \_\_\_\_\_

Password: \_\_\_\_\_ Code: \_\_\_\_\_ 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, 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: \_\_\_\_\_