



Miracles Cleaning Service – Client Consultation Form

Pick Your Miracle • Phone: 346-686-8240

Contact Information	
Full Name	_____
Phone Number	_____
Email Address	_____
Service Address	_____
City / Zip Code	_____
Preferred Contact Method	<input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email
Home Details	
Property Type	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Townhome <input type="checkbox"/> Condo <input type="checkbox"/> Office/Commercial
Square Footage	_____
Bedrooms	_____
Bathrooms	_____
Floors	_____
Pets	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Cleaning Services Requested	
	<input type="checkbox"/> Maintenance Cleaning
	<input type="checkbox"/> Deep Cleaning
	<input type="checkbox"/> Premium Deep Cleaning
	<input type="checkbox"/> Move In / Move Out Cleaning
	<input type="checkbox"/> Organizing Services

	<input type="checkbox"/> Postpartum Cleaning
	<input type="checkbox"/> Kitchen & Bathroom Special
	<input type="checkbox"/> Other: _____
Cleaning Frequency	
	<input type="checkbox"/> One Time <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
Areas Needing Extra Attention	
	<input type="checkbox"/> Oven Cleaning <input type="checkbox"/> Refrigerator Interior
	<input type="checkbox"/> Showers / Tubs <input type="checkbox"/> Baseboards
	<input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Cabinet Exterior Cleaning
	<input type="checkbox"/> Window Sills <input type="checkbox"/> Heavy Grease / Buildup
	<input type="checkbox"/> Pet Hair
Additional Notes	_____

Scheduling	
Preferred Cleaning Date	_____
Preferred Time	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Flexible
Will someone be home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entry Instructions	_____
Agreement	
	<input type="checkbox"/> I understand pricing may vary depending on the condition of the home and
Client Signature	_____
Date	_____