

Jean Hickmon
Pet Sitting Services

919-779-3636

Client Information:

Name: _____ Spouse _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Method of Payment ___ Cash ___ Check Cell Phone: _____

E-mail address: _____

Burglar Alarm Information: _____

In Case of Emergency: _____ Phone: _____

Local Emergency Contact: _____ Phone: _____

Neighbor: _____ Phone: _____

Anyone who has a house key: _____ Phone: _____

_____ Phone: _____

Number of Pets: _____ Dogs _____ Cats _____ Other (describe) _____

Veterinarian Name: _____ Phone: _____

Location of Inside and Outside Trash Cans: _____

Location of Leash(es)/Carriers _____

Location of Kitty Litter/scooper _____

Disposal of Used Litter _____

Location of Food _____

Other Services Available:

Yes / No Bring in mail. If yes, where to leave it _____

Yes / No Bring in newspaper. If yes, where to leave it _____

Yes / No Alternate lights.

Yes / No Water Plants (fee may apply). If yes, location(s) and instructions _____

***** *Ask about the "Always Ready" Key Service*