



Rene's Professional Pet Sitting, LLC

908-461-2734

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**Client and Home Profile**

Your Name _____	Phone Home _____
Partner/Spouse Name _____	Phone Work (Self) _____
Address _____	Phone Cell (Self) _____
_____	Phone Work (Partner/Spouse) _____
Email _____	Phone Cell (Partner/Spouse) _____

Preferred Contact Method (circle one):    Home    Cell Phone    Email  
 How did you find us? \_\_\_\_\_

Emergency Contact(s): Please circle yes or no if they have a copy of your house key. They should be able to make a decision about the care of your pets or home if we cannot reach you in case of an emergency (It does not have to be someone who lives nearby).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Key Y/N  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_ Key Y/N

Should we be expecting anyone in your home during your absence? Y / N  
 If yes, who? \_\_\_\_\_

**\*\*\*Additional forms required if person above will be caring for any of your pets at the same time as Rene's Professional Pet Sitting, LLC\*\*\***

Door of Entry (circle one):    Front Door    Side Door    Back Door    Garage Door  
 To be locked (circle one):    Deadbolt    Handle    Both  
 Circle ONLY if you have an attached garage:    Door from garage to house keep:    Locked    Unlocked  
 Keep keys for future use?    Y / N

**\*\*\*A key must be provided regardless of entry method\*\*\***

Only if you want your keys returned after service ends, please check your preferred method:  
**1) Deliver in person**     **2) Leave hidden OUTSIDE of house (do not write where on this contract)**

**Home Security**

Set Alarm? Y / N  
 Alarm System Panel(s) Location: \_\_\_\_\_  
 Alarm Company: \_\_\_\_\_  
 Alarm Company Phone number: \_\_\_\_\_  
 Alarm Code: \_\_\_\_\_  
 Alarm Password: \_\_\_\_\_

**\*\*\*Please Notify the alarm company that we are authorized to enter your property. You can also provide us with our own code and password\*\*\***

**Please tell me where you will keep the following items during visits and any applicable instructions:**

Leash: \_\_\_\_\_

Food: \_\_\_\_\_

Food/water bowls: \_\_\_\_\_

Treats: \_\_\_\_\_

Medication: \_\_\_\_\_

Crate: \_\_\_\_\_

Pet Carriers for Transport: \_\_\_\_\_

Pet Towels: \_\_\_\_\_

Carpet Cleaner and Rag: \_\_\_\_\_

Extra Paper Towels: \_\_\_\_\_

Vacuum: \_\_\_\_\_

Broom/Dustpan: \_\_\_\_\_

Main Indoor Trash Can: \_\_\_\_\_

Pet Waste Disposal: \_\_\_\_\_

Litter Box: \_\_\_\_\_

Cat Litter: \_\_\_\_\_

Extra Light Bulbs: \_\_\_\_\_

Heat / AC Thermostat Location: \_\_\_\_\_

Main Water Shut Off Valve: \_\_\_\_\_

Circuit Breaker Box: \_\_\_\_\_

Fire Extinguisher: \_\_\_\_\_

Indoor/Outdoor Plant Watering Directions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alter Lights/Blinds? Y / N \_\_\_\_\_

Turn on TV/Radio? Y / N \_\_\_\_\_

Mailbox Location: \_\_\_\_\_

Bring in the mail? Y / N \_\_\_\_\_

Bring in packages? Y / N \_\_\_\_\_

Bring in newspaper(s)? Y / N \_\_\_\_\_

Subscription is to newspaper(s). \_\_\_\_\_

Take out garbage? Y / N

Take out on which night? \_\_\_\_\_

Take out recycling? Y / N

Take out on which night: \_\_\_\_\_