



Critter and Home Care

14196 N Bright Angel Trail, Marana, AZ 85658

CritterandHomeCare@gmail.com

www.CritterandHomeCare.com

(719) 839-5891

1. Your name: _____

2. Your phone number: _____

3. Secondary phone number: _____

4. Your email address: _____

5. Your street address: _____

6. Emergency contact name: _____

7. Emergency contact number: _____

8. Emergency contact address: _____

9. Date you will be leaving: _____

10. Date you will be returning: _____

11. How often would you like us to visit? (choose one)

Daily

Weekly

Monthly

Seasonal

When needed.

12. Where will you be staying? _____



Owner Profile – Home





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13. Will we be using a key or a code for entry? (choose one)

Key

Code

Both**** (preferred for safety)

14. What is the code you would like us to use: _____

15. Do you have an alarm? (choose one)

Yes

No

16. If so, what is the name and phone number of the alarm company: _____

17. What is the CODE for the alarm that you would like us to use: _____

18. What is the PASSWORD for the alarm company that you would like us to use: _____

19. Do you have a pool or spa? (choose one)

Yes

No

20. Name and phone number of current pool service: _____

21. Do you have a landscaping service? (choose one)

Yes

No



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22. Name and phone number of current landscaping service: _____

23. Do you have a pest control service? (choose one)

Yes

No

24. Name and phone number of current pest control service: _____

25. Would you like us to collect the mail? (choose one)

Yes

No

26. Location of box and box number: _____

27. Does the mailbox require a key? (choose one)

Yes

No

28. Mailbox key location: _____

29. Would you like us to put the garbage out for collection? (choose one)

Yes

No

30. Day of garbage collection: (choose one)

Monday

Tuesday

Wednesday



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(30. continued...)

Thursday

Friday

31. Would you like the INDOOR plants watered? (choose one)

Yes

No

32. Location of plants and specific instructions: _____

33. Would you like the OUTDOOR plants watered? (choose one)

Yes

No

34. Location of plants and specific instructions: _____

35. Other special information: _____

36. Signature: _____ Date: _____



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