



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. Would you like us to keep the house key/code in case you need our services in the future? YES NO

12. If you are only using the home care services, how often would you like us to visit? (choose one) Daily Weekly Monthly Seasonal When needed.

13. Where will you be staying? _____



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

Key Code Both**** (preferred for safety)

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

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

Yes No

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

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

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

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

Yes No

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

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

Yes No

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

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

Yes No

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



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

Yes No

27. Location of box and box number: _____

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

Yes No

29. Mailbox key location: _____

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

Yes No

31. Day of garbage collection: (choose one)

Monday Tuesday Wednesday Thursday Friday

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

Yes No

33. Location of plants and specific instructions: _____

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

Yes No

35. Location of plants and specific instructions: _____



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36. Other special information: _____

37. Signature: _____ Date: _____



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