

Gail Leider, Owner  
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Madison, WI 53719



PET SITTING SERVICE, LLC  
"THERE'S NO PLACE LIKE HOME"

E-mail: petbuddies@tds.net  
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(608) 827-5888 (Office)  
(608) 225-0847 (Cell)

## CLIENT AND HOME SERVICE PROFILE

### CLIENT INFORMATION:

1. Number Of Visits A Day: \_\_\_ Length:  $\frac{1}{2}$  Hour \_\_\_ 1 Hour \_\_\_  
Time Preference (My Arrival Time Can Vary By 2 Hours Either  
Way): \_\_\_\_\_  
\_\_\_\_\_
2. Daily Exercise Routine: \_\_\_\_\_  
\_\_\_\_\_
3. Current On Vaccinations? Yes \_\_\_ No \_\_\_
4. Pet(s) Secured In: Home \_\_\_ Yard \_\_\_
5. Pet(s) Has/Have Id Tags? Yes \_\_\_ No \_\_\_
6. Pet(s) Care Shared By Anybody Else? Yes \_\_\_ No \_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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7. In Event Of Pet's Death, What Arrangements Should Be Made?

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8. In Case Of Weather Or Natural Disaster Call:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Do They Have A Key? Yes \_\_\_ No \_\_\_

Have They Been Contacted? Yes \_\_\_ No \_\_\_

9. Anybody Else Have Access To House? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

10. Other Phone Numbers:

Landlord \_\_\_\_\_

Cleaning Person \_\_\_\_\_

Plumber \_\_\_\_\_

Electrician \_\_\_\_\_

11. Fuse Box (Fuses/Circuit Breaker): Location \_\_\_\_\_

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How Do I Fix It? \_\_\_\_\_

12. Thermostat: Location \_\_\_\_\_

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A/C Setting \_\_\_ Heating Setting \_\_\_

Rooms Shut Off \_\_\_\_\_

13. Water Shut Off: Location \_\_\_\_\_

14. Is A Security System In Place? Yes \_\_\_\_\_ No \_\_\_\_\_

Alarm Company's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Access Code \_\_\_\_\_

Code Name \_\_\_\_\_

Alarm Instructions \_\_\_\_\_

Extra Key Available? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Is A Garage Key Pad Available? Yes \_\_\_\_\_ No \_\_\_\_\_

Key Pad Code \_\_\_\_\_

16. Primary Light Switches Are Located: \_\_\_\_\_

\_\_\_\_\_

17. Do You Have A Preferred Kennel/Friend? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

18. Do You Want Copies Of Any Forms? Yes \_\_\_\_\_ No \_\_\_\_\_

Which Ones: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Do/Does Your Pet(s) Have Any Strong Fears? Yes \_\_\_\_\_ No \_\_\_\_\_

What? \_\_\_\_\_

\_\_\_\_\_

20. Where Are Your Pet(s) Favorite Hiding Places? \_\_\_\_\_  
\_\_\_\_\_

**HOME CARE INFORMATION:**

1. Bring In Mail? Yes \_\_\_\_\_ No \_\_\_\_\_  
When \_\_\_\_\_  
Where Is Mailbox \_\_\_\_\_  
Where Do I Put Mail \_\_\_\_\_

2. Bring In Newspapers? Yes \_\_\_\_\_ No \_\_\_\_\_  
When \_\_\_\_\_  
Where Are They \_\_\_\_\_  
Where Do I Put Them \_\_\_\_\_

3. Alternate Lights? Yes \_\_\_\_\_ No \_\_\_\_\_  
Which Ones \_\_\_\_\_  
\_\_\_\_\_

4. Fill Bird Feeder? Yes \_\_\_\_\_ No \_\_\_\_\_  
Located \_\_\_\_\_  
When \_\_\_\_\_  
With What \_\_\_\_\_  
Seed Located \_\_\_\_\_

5. T.V. Left On? Yes \_\_\_\_\_ No \_\_\_\_\_  
Radio Left On? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Answer Phone? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Flowers Watered? Yes \_\_\_\_\_ No \_\_\_\_\_

Where

\_\_\_\_\_

\_\_\_\_\_

When \_\_\_\_\_

8. Watering Can: Located \_\_\_\_\_

9. Garbage Taken Out? Yes \_\_\_\_\_ No \_\_\_\_\_

Where Are The Cans \_\_\_\_\_

Where Do They Go \_\_\_\_\_

When \_\_\_\_\_

10. Window Coverings Opened & Closed? Yes \_\_\_\_ No \_\_\_\_\_

When \_\_\_\_\_

Which Ones \_\_\_\_\_

\_\_\_\_\_