

Today's Date: _____

A Walk For All Seasons Information Sheet

Client Information

Owner's Name(s):

Cell phone 1:

Work phone:

Cell phone 2:

Who should we contact first with an immediate question or issue, and at which phone number?

When we group text with visit details, who should we include in the chat?

Email address for invoicing:

Email address for all other company info:

How did you hear about us? Please limit to 1 person.

Current Address:

City:

State:

County:

Zip Code:

Alarm Code:

Garage Code:

Additional Code:

House Key (Circle one): Keeping or Returning

Is there a hidden key? If so where and which door(s) does this key open?

How/where do we return the house key when we no longer need it?

Do we remove our shoes upon entering the house?

Which door should we come in and leave your house through?

Do you have a fenced in yard; if yes how many gates?

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Authorized persons allowed on/in your property

(For your pets safety and ours, if we arrive for our visit and there are car(s) or person(s) at your house that aren't listed below, we will need to get your authorization to enter the house. The time involved receiving authorization WILL BE included as part of your scheduled visit time. Policy is in the Safety Regulations Section B in our Client Contract.)

Cleaning Service:

*Name:

*Day(s):

*Time:

*Vehicle(s):

Lawn Care:

*Name:

*Day(s):

*Time:

Your Personal/Family/Friend Car(s) That May Be Parked At Your Home:

*Color/Make Of Car:

*Color/Make Of Car:

Other:

*Name:

*Day(s):

*Times:

Emergency Contact (someone other than pet owners listed above): Name, Number, Relationship

Miscellaneous Services

We also provide other services: Taking out the garbage/recycling bins, turning on/off lights, and watering plants.

Garbage/Recycling Day:

How many total bin(s) are there?

Where do the bins get returned to?

When and **where** do we put out bins out for pickup?

Light Rotations:

***We can turn the lights on for you for when you arrive home and/or rotate lights on and off while you are out of town.**

If yes, which light(s) inside and location of switch(es)?

Which lights outside and location of switch(es)?

If you have already left lights on, should we leave them on?

Do you have any lights on timers? If yes, where are they?

Mail/Newspapers/Packages:

Would you like for us to collect your mail? (Please circle one)

YES

NO

If yes, where do we put the mail/newspapers/packages?

*If there is mail and/or package(s) that requires a signature, are we authorized to sign for it? (Please circle one)

YES

NO

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Water Plants (optional and will be included as part of your visit)

If yes:

Where are they located?

When and how often do we water them?

Where/what should we use to water them with?

Cleaning Supplies

Where to put soiled linens? (Items your pet may have gotten sick or had an accident on)

Extra cleaning supplies (paper towels, etc.):

*Where can we find extra paper towels?

*What should we use to clean the carpet/floors with if there is an accident, and where can we find it?

I authorize A Walk for all Seasons, LLC. to provide services for my pets in my home.

Client Signiture _____ Date _____

Signature from AWFAS representative _____ Date _____