# *Angel’s Pet Sits* – *Home Guide*

### Client / Owner Name:

### 

## Location

Poop scoop + bin

Paper towels

Vacuum

Bags

Outside waste

Recycle bin

Kitchen waste

Vacuum

Broom

Spot cleaner

Towels

Notebook

TV / radio on

Lights on

Other

##### Snow & ice instructions

##### Vehicles & Visitors At Home

## Key – MUST TEST

Pet sitter has Use code

Will mail Unlocked

Drop off Client present

Will leave Other

### Describe key / Other entry methods:

### Backup entry:

##### Notes & Misc

## Internal use only

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact date / time: Method:  Consultation date / time:  First sit date:  Service Type: ☐Daily ☐Vacation  ☐Weekly ☐Periodic  Billing frequency: ☐Weekly ☐Monthly | Usual visits:   |  |  |  | | --- | --- | --- | |  | Length | Timeslot | | AM |  |  | | Noon |  |  | | Dusk |  |  | | PM |  |  |   Travel: $\_\_\_\_ Miles\_\_\_\_\_ Minutes\_\_\_\_ |