West Coast Pets

Professional care when you can't be there

~~~~Client Profile~~~

CLIENT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

How did you hear about me? Friend__ Groomer__ Vet__ Web Search__ Other: _____

TRAVEL INFORMATION:

Date/time leaving: _____ Date/Time returning: _____

Contact Information: _____

Emergency contact name/number: _____

Does this person have a key to your home? Yes__ No__

HOME CARE INFORMATION:

Collect mail: Yes____ No____

Collect paper: Yes____ No____

Water plants: Yes____ No____ **Instructions:** _____

_____

Alternate lights: Yes____ No____ **Instructions:** _____

Open & close curtains: Yes____ No____ **Instructions:** _____

Trash Cans: In____ Out____ Day of the week_____

TV/Radio on and off: Yes____ No____ **Instructions:** _____

Other: _____

Other: _____

Other: _____

ALARM:

Alarm code(s): _____ Location of keypad: _____

Alarm Company: _____ Phone number: _____

Instructions: _____

Lock box Provided by WCP: Code = 1985

NOTES: _____

Other Service Providers List:

Names and phone numbers of other persons, or service personnel who may have access to your home: Neighbor, electrician, plumber, pool service, maid service, construction workers, etc.

Name	Phone #
Name	Phone #
Name	Phone #
Name	Phone #
Name	Phone #
Name	Phone #
Name	Phone #