



West Coast Pets, LLC

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 us? 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, LLC: _____ Code _____

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 #