



HOME CARE INFORMATION

Windows Closed: **Yes No** Fans: **On Off** A/C or Heat set Temp _____

Alternate Lighting: **Yes No** Which ones _____

Timers: **Yes No** Which lights _____ Times on/off _____

Mail Collection **Yes No** Location of mailbox _____

Newspaper Pickup: **Yes No** Location of Newspaper _____

Plant Care: **Yes No** Plant locations _____

Watering instructions: _____

Garbage days: _____ Receptacle placement _____

Dumpster **Yes No** Location: _____

FOR CATS: Location of litter box, litter & scooper _____

FOR DOGS: Location of pooper scooper _____

Where to dispose of scoopings _____

Location of cleaning supplies _____

Garbage bags _____ Broom _____ Vacuum _____

Have cleaning products been tested on carpet/upholstery **Yes No**

Neighbors/police/watch programs aware of absence _____

Neighbors name and phone number: _____

Do they have an extra key? **Yes No**

Anyone else authorized to enter home in addition to us? **Yes No**

Name of authorized people: _____

Who to contact if A/C or major appliance fails _____

Plumber to contact if needed _____

Others _____

Additional information: _____

_____/_____/_____
Client Signature Date

_____/_____/_____
Laura the Pet Nanny Signature Date