



www.kittensittin.biz

Client Profile

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Preference: HM BUS CELL

E-Mail Address: _____

How did you hear about us? _____ Referred by: _____

Absence / Contact Specifics

Leaving (Date / Hour): _____ Returning (Date / Hour): _____

First Care Visit (Date): _____ Final Care Visit (Date): _____

We must have a telephone number or way to reach you...

While away, where can you be reached? (Name): _____

Phone: _____

In Case of Emergency, Contact (Name): _____

Phone: _____

Home Repair Emergency, Contact (Name): _____

Phone: _____

In Case of Inclement Weather, or Natural Disaster prohibiting travel, is there a nearby neighbor whom we may call to check on your cat(s)?

Name: _____ Phone: _____

Address: _____

Others who have access to your home (very important)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Landlord: _____ Phone: _____

Cleaning Staff / Svc (Name): _____ Phone: _____

NOTES: _____

Before leaving the house confirm that the keys work!