

Paw Prince Client Information Sheet

Owner Information:

Name(s): _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Emergency #: _____

Email Address _____ Relationship _____

Has Key? _____

Security System:

Company Name: _____ Code: _____

Phone Number: _____ Password: _____

Arming Instructions: _____ Disarming Instructions: _____

Door Entering (must be near alarm): _____

Property Description:

Securely Fenced: Yes No Gate Properly Working: Yes No

Invisible Fence: Yes No Pet Door: Yes No

Describe any problems with the fence (ie. gate not easily latched, digs under fence, etc): _____

Location of cleaning supplies (solvents, broom, dustpan, paper towels, etc.): _____

Any plumbing or electrical issues (leaky faucets, running toilets, faulty circuits)? YES NO

Location of Emergency Shut Off Switches:

Gas: _____ Water: _____ Circuit Breaker: _____

Will you have any one else on your property (relatives, friends, house cleaner, etc):

Who: _____ When: _____