

**Welcome to THE PET NANA pet sitting services**  
**“Providing the love and care only a Nana can give”**

**CLIENT INFORMATION**

Client Name				
Home Address				
Please provide concise directions to your home				
Home Phone		Cell Phone		
Email Address		Emergency Contact Name & No.		
How may we reach you while you are away? Phone: Email::		Do you wish to be updated while you are gone? Yes No If so, by what means? Phone Email How often?		
Trip destination/hotel/notes				
Veterinarian Name, Address & Phone No.				
Location of extra key		Persons with copy of key		
Alarm Co Name & No.				
Alarm Code & Password Location of alarm panel/reset info				
Date Service Begins: / /		Visits per day		
Date Service Ends: / /		Times of visits		
Taxi Service date(s) / / Appt times, vet., etc.		Taxi service destination		
<b>Please circle additional services requested -These services are included in basic rate.</b>				
Trash Day		Mail/Newspaper		Adjust lights or blinds
Water plants Day				
<b>Please describe location of the following items so that we may serve you better</b>				
Cleaning Supplies/Paper Towels/ Trash Bags				
Vacuum Cleaner/Broom/Dustpan				
Pet Food/Treats/Medication/Litter Box				
Pet Shampoo/Extra Towels/Leash/Collar				