

***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					