**Wuff Walkers LLC**

600 Coralberry Dr.

North Chesterfield, VA 23236

(804) 914-1758

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**~~~~ Client Information ~~~~**

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| **CLIENT INFORMATION**  First Name:       Last Name:  Spouse / Partner First Name:       Last Name:  Address:       Zip:  Home #:       Cell #:       Work #:  Email Address: |

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| **TRAVEL INFORMATION**  Contact # while away:  Local Emergency contact name:       Phone #:  Does this person have a key to your home?  Will anyone else be in your home during your absence?  If so First & Last Name: |

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| HOME CARE INFORMATION (Check all that apply)  Bring in mail  Alternate lights Water indoor plants  **Instructions:** |

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| **LOCATION OF IMPORTANT ITEMS**  Leash/cat carrier/crate:  Pet Food:  Cleaning supplies:  Vacuum cleaner:  Thermostat:  Fuse Box:  Alarm panel:       Alarm Code:  Video Surveillance on Premises?  Other: |

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| HOME INFORMATION Please let us know if there is anything out of the ordinary that we should know about your home (i.e. doors that stick, toilets or drains that do not work properly, etc.) |

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| KEYS Wuff Walkers LLC prefers to keep client keys on file to simplify arrangements for future visits.  I release my house keys to Wuff Walkers LLC to retain on file, in a secured location, for future services. I may revoke this release at any time.  I would like Wuff Walkers LLC to leave my house keys after the current service is completed. I understand that once the key is left, at the specified date and time of my choosing, entry into the house will be impossible by Wuff Walkers LLC. **Client Initials\_\_\_\_\_\_**  Specified Date to leave key:      Specified Time to leave key: |

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Client Date Client Date

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Wuff Walkers LLC Date