



HOUSE SITTING NOTES

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

DESTINATION: _____ DATES AWAY: _____

TIME LEAVING: _____ RETURNING: _____

HOW FREQUENTLY WOULD YOU LIKE UPDATES? _____

WHAT WILL BE THE BEST WAY TO REACH YOU? _____

EMERGENCY/ALTERNATIVE CONTACTS: _____

ABOUT YOUR PET(S)

PETS- NAMES, AGES, BREEDS: _____

ANY PET ALLERGIES/DIETARY RESTRICTIONS: _____

ANY MEDICATIONS? INSTRUCTIONS: _____

FEEDING INSTRUCTIONS: _____

PETS' LIFESTYLE/HABITS: _____

WHAT'S THE MAXIMUM TIME YOUR PET(S) CAN BE LEFT ALONE? _____

VET INFO: _____

ABOUT YOUR HOME:

HOW WOULD YOU LIKE ME TO ENTER/LEAVE YOUR HOME? KEY: _____ GARAGE_CODE _____

GARAGE DOOR OPENER: _____ FRONT DOOR KEYPAD: _____ OTHER: _____

WiFi: Network: _____ Password: _____

TRASH/RECYCLING DAY: _____

DO ANY PLANTS NEED WATERING WHILE YOU ARE GONE? _____

INSTRUCTIONS: _____

WOULD YOU LIKE ME TO GET YOUR MAIL _____ NOTES: _____

OTHER NOTES: _____