



KT's Critter Sitters

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Client Information

Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact (Name, Phone #'s):

Pet Info: Name, Type (cat, dog, etc.), and Age

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Home Alarm System Instructions:

Additional/Special Instructions for House:

**\*\*\*IMPORTANT NOTE BELOW\*\*\***

\_\_\_\_\_ Your initials here indicate that you authorize KT's Critter Sitters to duplicate your house key to keep on file for future services. By not initialing you prefer KT's Critter Sitters to not duplicate your house key, but for future services there will be a \$5.00 key pick-up service fee.