# HOUSE SITTING INSTRUCTIONS

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| HOW TO CONTACT US |  |
| Where we’ll be [Location] | Address [Location] |
| Phone [Phone] | Cell phone [Phone number] |
| Time expected home [Expected return] | Email [Email] |
| Neighbor or friend [Contact] | Phone [Phone number] |
|  |  |
| PETS |  |
| Names and types of pets [Pets]Feeding schedules and instructions [Schedule]Walk or play schedules [Schedule] | Regular veterinarian [Name]Phone [Phone number] |
| **We give you permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and will be responsible for full payment of such care.** | [ ]  **Yes** [ ]  **No** [ ]  **Call us first****Signature:** |
|  |  |
| plants |  |
| Type and location [Type and location] | Instructions [Instruction] |
| Type and location [Type and location] | Instructions [Instruction] |
| Type and location [Type and location] | Instructions [Instruction] |
| Type and location [Type and location] | Instructions [Instruction] |
|  |  |
| mail |  |
| Location of mailbox [Location] | Where to put mail [Location] |
| When to pick up mail [Time] | Important correspondence to look for [Correspondence] |

# IN AN EMERGENCY

**Here is information you will need in case you notice a break-in, fire, gas odor, flood, or electrical problem when you arrive.**

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| --- | --- |
| emergency numbers |  |
| Police **911** | House address [Address] |
| Fire department [Phone number] | House phone number [Phone number] |
| Gas company [Name and phone number] | Closest intersection [Intersection] |
| Electric company [Name and phone number] | Location of electrical breaker box [Location] |
| Water company [Name and phone number] | Location of gas shut-off valve [Location] |
| Neighbor or homeowner association contact [Name and phone number] | Location of water shut-off valve [Location] |
| Our name [Name] |  |
| **We give you permission to authorize emergency work if necessary to prevent damage, and will be responsible for full payment of such work.** | [ ]  **Yes** [ ]  **No** [ ]  **Call us first****Signature:** |

|  |
| --- |
| additional information |
| [Additional information] |