

# CLIENT INTAKE FORM



CLIENT INFORMATION			
Name(s)			
Address			
Home Phone		Mobile Phone	
Work Phone		Email	
ACCESS			
Gate Code		Door Code	
Garage Code		Key Issue	
Alarm Code		Instructions	
Parking			
Other			
DOGS			
Name(s)			
Where Kept		Friendly	
Need to Be Let Out		Treats	
Special Instructions			
CATS			
Name(s)			
Indoor or Outdoor			
Special Instructions			
GARBAGE			
Don't Empty		Trash Bag Location	
Outdoor Garbage Location			
Recycle or Other			

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HOUSEHOLD	
Fragile Items	
Special Attention	
Don't Touch	
Damaged Items	
Other	
FLOOR CLEANING	
Choose one	Vinegar/Water <input type="checkbox"/> Pledge Hardwood/Laminate <input type="checkbox"/> Murphy's Oil Soap <input type="checkbox"/> Other <input type="checkbox"/>
Special Instructions	
OTHER SERVICES (CHECK IF INTERESTED)	
Organization	<input type="checkbox"/>
Design/Space Planning	<input type="checkbox"/>
Linen Services	<input type="checkbox"/>
Laundry Services	<input type="checkbox"/>
Oven Cleaning	<input type="checkbox"/>
Dishes	<input type="checkbox"/>
Frig/Freezer Cleaning	<input type="checkbox"/>
Interior Windows (no high areas)	<input type="checkbox"/>
Quarterly Deep Cleaning	<input type="checkbox"/>
OTHER	
Comments or Concerns	