The DogSmith Home Visit Guide

Consultation Performed by

_____

Client Name	Date Of Visit	Time of Home Visit
Keys Issued	House Entry Point	Parking Location
Yes/No		

Home Supplies	Location	Pet Supplies	Location
Paper towels		Leashes/Collars	
Cleaning equipment		Toys	
Litter Box		Food/Water	
Poop Scoop/Nags		Treats	
Disinfectant		Bowls/Dishes	
Odor Remover		Towels/Bedding	
Other		Medications	