Main Street Pet Visits
INFO@MAINSTREETPETVISITS.COM

FORM 01

Access Release Form

CLIENT INFORMATION

FULL NAME

PHONE NUMBER

HOME ADDRESS

CITY / STATE / ZIP

PROPERTY ACCESS DETAILS

KEY LOCATION OR LOCKBOX CODE

GARAGE CODE (IF APPLICABLE)

GATE CODE (IF APPLICABLE)

ALARM CODE (IF APPLICABLE)

ALARM COMPANY NAME & PHONE

SECURITY SYSTEM INSTRUCTIONS

ADDITIONAL ACCESS NOTES (E.G., TRICKY LOCKS, ENTRY INSTRUCTIONS)

AUTHORIZATION & AGREEMENT

By signing below, I authorize Main Street Pet Visits and its caregivers to enter my property for the sole purpose of providing scheduled pet care services. I understand that access information will be kept strictly confidential and used only by authorized personnel.

I agree to notify Main Street Pet Visits of any changes to access codes, security systems, or entry procedures at least 24 hours before a scheduled visit. I accept full responsibility for ensuring safe access to the property during the scheduled service period.

I release Main Street Pet Visits from any liability resulting from property damage caused by my pet(s) during a scheduled visit, and I confirm that my home is in a condition reasonably safe for the caregiver to enter.

CLIENT SIGNATURE

DATE