

KEY RELEASE FORM:

I authorize the representative of **While You Were Gone** to use my house key(s) during the time she/he will be caring for my pets. Indicate before visits occur by checking the appropriate box: Please return my keys to me after I return home. Client Name (Please Print): Date: Signature: Please keep my keys for future visits until further notified. Client Name (Please Print): Signature: Date: Please leave my keys inside my home after the last visit. Client Name (Please Print): Signature: Date: If you have not authorized the representative to keep your keys and we will be leaving them in your home, please mail this form with your check to verify that your keys are in your possession. My keys have been returned to me:

> While You Were Gone 7 Shepard Place Morristown, NJ 07960 (973) 863-2378

Date:

Client Name (Please Print):

Signature: