

# HOUSE CHECK FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Leaving: \_\_\_\_\_ Returning: \_\_\_\_\_  
(Date/Time) (Date/Time)

Who should be notified in an emergency:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

Do they have a key? Yes No

Alarm: Yes No

Animals present: Yes No *If so, what kind:* \_\_\_\_\_

Lights on: Yes No

Location: \_\_\_\_\_

Vehicles left outside:

\_\_\_\_\_

Miscellaneous Information:

\_\_\_\_\_

\_\_\_\_\_