[Your Business Name]
[phone] · [email] · [address]

Cleaning Client Intake Form

For cleaning businesses — complete at sign-up or first visit, then keep on file.

1 · Client details

Full name: _____

Service address: _____

Mailing address (if different): _____

Phone: _____

Email: _____

Preferred contact method: _____

2 · Property details

Property type (house / apartment / condo / office):

_____

Bedrooms: _____

Bathrooms: _____

Approx. size (sq ft): _____

Floors / levels: _____

Occupants (adults / children): _____

3 · Pets

- ☐ No pets
- ☐ Dog(s)
- ☐ Cat(s)
- ☐ Other pets

Where pets will be during the clean:

_____

4 · Access & security

Entry method (client home / key / code / garage):

_____

Alarm instructions: _____

Key held by us? (yes / no): _____

Parking notes: _____

5 · Service requested

- ☐ Regular cleaning
- ☐ Deep cleaning (first visit)
- ☐ Move-in cleaning
- ☐ Move-out cleaning
- ☐ One-off cleaning

6 · Frequency

- ☐ Weekly
- ☐ Every 2 weeks
- ☐ Every 4 weeks
- ☐ One-off

7 · Priority areas

- ☐ Kitchen
- ☐ Bathrooms
- ☐ Floors throughout
- ☐ Interior windows
- ☐ Laundry
- ☐ Other (note below)

8 · Products & sensitivities

Products provided by (us / client):

_____

Allergies or product sensitivities:

_____

Surfaces needing special care: _____

Fragile or high-value items to note:

_____

9 · Scheduling

Preferred day(s): _____

Preferred time window: _____

Start date: _____

How did you hear about us?: _____

Sign-off

Client signature: _____

Date: _____

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