

YOUR BEST FRIEND'S FRIEND----- CLIENT INFORMATION FORM
AUGUST 2007

PLEASE COMPLETE THIS FORM PRIOR TO SERVICE
AND SIGN AND DATE THE LAST PAGE (PAGE 5)

OWNER(S) NAME: _____ DATE: _____
HOW HEARD OF YBFF _____ 1st SVC DATE _____ AM/PM LAST _____ AM/PM
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ CELL _____ CELL #2 _____ WK _____
EMAIL _____ FAX _____ PH # REACHED FOR THIS TRIP _____
EMERGENCY CONTACT IN TOWN: NAME _____ PHONE _____
PERSON TO CONTACT FOR SPARE KEY: NAME _____ PHONE _____
VET NAME/ADDRESS/PHONE _____
GARAGE CODE _____ PREFERRED ER TREATMENT CENTER _____
LAWN SVC NAME/DAY _____ SPRINKLER SVC NAME/PH _____
CLEANING SVC NAME/DAY _____ PLUMBER NAME/PH _____
WATER SHUT OFF LOCATION _____ BREAKER BOX LOCATION _____
HOME SECURITY INFO: NAME/PH _____
OUR ACCESS CODE: IN _____ OUT _____ CODE IF SET OFF ALARM _____

PET 1

NAME _____ BIRTHDAY _____ AGE _____ GENDER _____ BREED _____
DESCRIPTION OF PET _____ WEARS TAG? _____ IS MICRO CHIPPED? _____
CURRENT ON SHOTS? _____ HEALTH ISSUES _____

MEDICATIONS _____

FOOD AM _____ MIDDAY _____ FOOD PM _____

PET SLEEPS WHERE _____ PET BEHAVIORS-ON LEASH/SPECIAL COLLARS _____

PET BEHAVIORS-TOWARD OTHER PETS _____

PET BEHAVIORS-TOWARD PEOPLE _____

TELL US ANYTHING YOU FEEL IMPORTANT ABOUT PET 1 _____

PET 2

NAME _____ **BIRTHDAY** _____ **AGE** _____ **GENDER** _____ **BREED** _____
DESCRIPTION OF PET _____ **WEARS TAG?** _____ **IS MICRO CHIPPED?** _____
CURRENT ON SHOTS? _____ **HEALTH ISSUES** _____

MEDICATIONS _____

FOOD AM _____ **MIDDAY** _____ **FOOD PM** _____

PET SLEEPS WHERE _____ **PET BEHAVIORS-ON LEASH/SPECIAL COLLARS** _____

PET BEHAVIORS-TOWARD OTHER PETS _____

PET BEHAVIORS-TOWARD PEOPLE _____

TELL US ANYTHING YOU FEEL IMPORTANT ABOUT PET 2 _____

PET 3

NAME _____ **BIRTHDAY** _____ **AGE** _____ **GENDER** _____ **BREED** _____
DESCRIPTION OF PET _____ **WEARS TAG?** _____ **IS MICRO CHIPPED?** _____
CURRENT ON SHOTS? _____ **HEALTH ISSUES** _____

MEDICATIONS _____

FOOD AM _____ **MIDDAY** _____ **FOOD PM** _____

PET SLEEPS WHERE _____ **PET BEHAVIORS-ON LEASH/SPECIAL COLLARS** _____

PET BEHAVIORS-TOWARD OTHER PETS _____

PET BEHAVIORS-TOWARD PEOPLE _____

TELL US ANYTHING YOU FEEL IMPORTANT ABOUT PET 3 _____

ADDITIONAL PETS? PLEASE DESCRIBE EACH AND CARE FOR EACH

PET FOOD LOCATION/STORED _____ FOOD BOWL LOCATION(S) _____

WATER BOWL LOCATION(S) _____ LEASH LOCATION _____

LITTER BOX LOCATION(S) _____ EXTRA LITTER _____

CAT CARRIER LOCATION _____ CLEANING SUPPLY LOCATION _____

WATER PLANTS INSIDE? _____ OUTSIDE _____

BRING MAIL IN? _____ BRING PAPER IN? _____ EXPECTING PARCELS? _____

TRASH DAY? _____ RECYCLE DAY? _____

HEAT/AIR INFO _____

CURTAINS/BLINDS _____

LIGHTS _____

ANYONE ELSE IN YOUR HOME DURING THIS TRIP? _____

PLEASE SHARE ANY OTHER INFORMATION YOU FEEL IMPORTANT ABOUT YOUR PETS OR HOME

ADDITIONAL INFORMATION FOR OVERNIGHT SERVICE

WHERE IS HOUSE SITTER TO SLEEP?

WHAT SHOWER/BATHROOM IS HOUSE SITTER TO USE AND ARE TOWELS PROVIDED?

PLEASE LIST APPLIANCES, ELECTRONIC EQUIPMENT (RADIO, TV, ETC) HOUSE SITTER IS ALLOWED TO USE:

WILL YOU PROVIDE HOUSESITTER FOOD OR SHOULD SHE PROVIDE HER OWN? IF FOOD IS PROVIDED, PLEASE INSTRUCT HOUSE SITTER CAN/CAN'T BE USED/EATEN

IS HOUSESITTER ALLOWED TO HAVE ANYONE ELSE OVER? PLEASE LIST YOUR PREFERRED RULES:

IS HOUSESITTER ALLOWED TO HAVE HER/HIS PET IN YOUR HOME?

PLEASE WRITE DOWN ANY OTHER INFORMATION YOU FEEL IS IMPORTANT FOR THE HOUSE SITTER TO KNOW OR RULES TO FOLLOW:

I have read, understand, and agree to Your Best Friend's Friend Brochure, Services Provided, Rates and Fees which are outlined in my yellow client folder dated August 2007.

Notes:

_____ Date: _____
Client Signature

In case of illness or injury to my pet(s), I hereby give Your Best Friend's Friend authorization to seek veterinary and/or emergency care for my pet(s) while in the care of YBFF.

Amount not to Exceed: _____ If no amount is filled in by Client, YBFF will seek any and all treatments necessary for the injured/ill pet and client will reimburse YBFF for those amounts. YBFF will attempt to contact the client prior to treatment and continue to attempt contact during treatment.

Notes:

_____ Date: _____
Client Signature

Pet(s) Name _____

Thank you, Janice Fehrman, Your Best Friend's Friend