

**YOUR BEST FRIEND'S FRIEND----- CLIENT INFORMATION FORM MARCH 2010**  
**PLEASE COMPLETE THIS FORM PRIOR TO SERVICE**  
**INITIAL EACH PAGE AND SIGN AND DATE THE LAST PAGE**

OWNER(S) NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ HOW HEARD OF YBFF \_\_\_\_\_  
IF BY INTERNET WHAT SEARCH ENGINE \_\_\_\_\_ PHRASE/WORDS USED TO SEARCH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
GARAGE CODE IN: \_\_\_\_\_ OUT \_\_\_\_\_ ALARM CODE IN \_\_\_\_\_ OUT \_\_\_\_\_ PAD LOCATION \_\_\_\_\_  
CODE IF ALARM IS SET OFF \_\_\_\_\_ ALARM CO NAME AND PHONE # \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ CELL #2 \_\_\_\_\_ WK \_\_\_\_\_  
EMAIL \_\_\_\_\_ EMAIL 2 \_\_\_\_\_ OTHER: \_\_\_\_\_  
EMERGENCY CONTACT IN TOWN \_\_\_\_\_ PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
2<sup>ND</sup> EMERGENCY CONTACT IN TOWN \_\_\_\_\_ PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
PERSON TO CONTACT FOR SPARE KEY \_\_\_\_\_ PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
VET NAME/ADDRESS/PHONE \_\_\_\_\_  
PREFERRED ER TREATMENT CENTER \_\_\_\_\_  
DO YOUR PETS HAVE ACCESS TO DOG DOOR \_\_\_\_\_ DAY \_\_\_\_\_ NIGHT \_\_\_\_\_ ALWAYS \_\_\_\_\_  
LOCATION OF DOG DOOR \_\_\_\_\_ IS YOUR YARD SECURE \_\_\_\_\_  
PAPER? \_\_\_\_\_ MAIL? \_\_\_\_\_ TRASH? \_\_\_\_\_ DAY \_\_\_\_\_ RECYCLE DAY \_\_\_\_\_ NOTES \_\_\_\_\_  
CLEANING SVC NAME \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ NOTES \_\_\_\_\_  
LAWN SVC DAY \_\_\_\_\_ SHOULD WE CHECK GATES, ETC. (NOTES) \_\_\_\_\_  
SPRINKLER SVC NAME/PH \_\_\_\_\_ PLUMBER SVC \_\_\_\_\_  
WATER SHUT OFF LOCATION \_\_\_\_\_ BREAKER BOX LOCATION \_\_\_\_\_  
WATER PLANTS INSIDE? (DESCRIBE) \_\_\_\_\_  
WATER PLANTS OUTSIDE? (DESCRIBE) \_\_\_\_\_  
HEAT/AIR INSTRUCTIONS \_\_\_\_\_  
ADJUST CURTAINS/BLINDS \_\_\_\_\_ LIGHTS \_\_\_\_\_  
DO YOU USE A SNOW REMOVAL SERVICE \_\_\_\_\_ NAME/NUMBER \_\_\_\_\_  
FLASH LIGHT LOCATION \_\_\_\_\_ CAT CARRIER LOCATION \_\_\_\_\_  
PET FOOD LOCATION \_\_\_\_\_ BOWL LOCATION(S) \_\_\_\_\_  
WATER BOWL LOCATION(S) \_\_\_\_\_ TREAT LOCATION \_\_\_\_\_  
LITTER BOX LOCATION(S) \_\_\_\_\_ SCOOP/BAG LOCATION \_\_\_\_\_  
DISPOSE OF LITTER WHERE \_\_\_\_\_ EXTRA LITTER LOCATION \_\_\_\_\_ LEASH/COLLAR \_\_\_\_\_  
WILL ANYONE ELSE BE ENTERING YOUR HOME? NAME \_\_\_\_\_ DATE \_\_\_\_\_  
NUMBER OF VISITS/DAY REQUIRED \_\_\_\_\_ APPROXIMATE TIMES (1-1 ½ HR SPAN) \_\_\_\_\_  
WOULD YOU LIKE UPDATES FROM YBFF ON HOW EVERYTHING IS GOING? \_\_\_\_\_ IF YES, HOW WOULD YOU LIKE TO  
RECEIVE THE UPDATES (PHONE, TEXT, EMAIL) & HOW OFTEN \_\_\_\_\_

**ADDITIONAL HORSE INFORMATION SHOULD BE FILLED IN ON PAGE 4**

PAGE 2 CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

PET 1 NAME \_\_\_\_\_ TYPE PET \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GENDER \_\_\_\_\_ BREED \_\_\_\_\_

DESCRIPTION OF PET \_\_\_\_\_ WEARS ID TAG? \_\_\_\_\_ IS MICRO CHIPPED? \_\_\_\_\_

LOCATION OF PET DURING DAY \_\_\_\_\_ AT NIGHT \_\_\_\_\_

LOCATIONS (IN HOUSE OR OUTSIDE PETS ARE NOT ALLOWED) \_\_\_\_\_

CURRENT ON ALL VACCINATIONS \_\_\_\_\_ HEALTH ISSUES (LIST ALL) \_\_\_\_\_

MEDICATIONS CURRENTLY TAKING \_\_\_\_\_ LOCATION OF MEDS \_\_\_\_\_

HOW ADMINISTERED \_\_\_\_\_ ALLERGIES \_\_\_\_\_

FOOD AM \_\_\_\_\_ MIDDAY \_\_\_\_\_ FOOD PM \_\_\_\_\_

WHERE DOES PET EAT (ANY OTHER EATING INFO) \_\_\_\_\_

HIDING PLACES (CATS) \_\_\_\_\_ DECLAWED (CATS) \_\_\_\_\_

WALKS? \_\_\_\_\_ TYPE COLLAR TO BE USED \_\_\_\_\_

PET BEHAVIORS WHILE ON WALK AND TOWARD OTHER ANIMALS (BE SPECIFIC) \_\_\_\_\_

PET BEHAVIORS TOWARD PEOPLE (BE SPECIFIC) \_\_\_\_\_

TELL US ANYTHING YOU FEEL IMPORTANT ABOUT PET 1 \_\_\_\_\_

PET 2 NAME \_\_\_\_\_ TYPE PET \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GENDER \_\_\_\_\_ BREED \_\_\_\_\_

DESCRIPTION OF PET \_\_\_\_\_ WEARS ID TAG? \_\_\_\_\_ IS MICRO CHIPPED? \_\_\_\_\_

LOCATION OF PET DURING DAY \_\_\_\_\_ AT NIGHT \_\_\_\_\_

LOCATIONS (IN HOUSE OR OUTSIDE PETS ARE NOT ALLOWED) \_\_\_\_\_

CURRENT ON ALL VACCINATIONS \_\_\_\_\_ HEALTH ISSUES (LIST ALL) \_\_\_\_\_

MEDICATIONS CURRENTLY TAKING \_\_\_\_\_ LOCATION OF MEDS \_\_\_\_\_

HOW ADMINISTERED \_\_\_\_\_ ALLERGIES \_\_\_\_\_

FOOD AM \_\_\_\_\_ MIDDAY \_\_\_\_\_ FOOD PM \_\_\_\_\_

WHERE DOES PET EAT (ANY OTHER EATING INFO) \_\_\_\_\_

HIDING PLACES (CATS) \_\_\_\_\_ DECLAWED (CATS) \_\_\_\_\_

WALKS? \_\_\_\_\_ TYPE COLLAR TO BE USED \_\_\_\_\_

PET BEHAVIORS WHILE ON WALK AND TOWARD OTHER ANIMALS (BE SPECIFIC) \_\_\_\_\_

PET BEHAVIORS TOWARD PEOPLE (BE SPECIFIC) \_\_\_\_\_

TELL US ANYTHING YOU FEEL IMPORTANT ABOUT PET 2 \_\_\_\_\_

PAGE 3 CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

PET 3 NAME \_\_\_\_\_ TYPE PET \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GENDER \_\_\_\_\_ BREED \_\_\_\_\_

DESCRIPTION OF PET \_\_\_\_\_ WEARS ID TAG? \_\_\_\_\_ IS MICRO CHIPPED? \_\_\_\_\_

LOCATION OF PET DURING DAY \_\_\_\_\_ AT NIGHT \_\_\_\_\_

LOCATIONS (IN HOUSE OR OUTSIDE PETS ARE NOT ALLOWED) \_\_\_\_\_

CURRENT ON ALL VACCINATIONS \_\_\_\_\_ HEALTH ISSUES (LIST ALL) \_\_\_\_\_

MEDICATIONS CURRENTLY TAKING \_\_\_\_\_ LOCATION OF MEDS \_\_\_\_\_

HOW ADMINISTERED \_\_\_\_\_ ALLERGIES \_\_\_\_\_

FOOD AM \_\_\_\_\_ MIDDAY \_\_\_\_\_ FOOD PM \_\_\_\_\_

WHERE DOES PET EAT (ANY OTHER EATING INFO) \_\_\_\_\_

HIDING PLACES (CATS) \_\_\_\_\_ DECLAWED (CATS) \_\_\_\_\_

WALKS? \_\_\_\_\_ TYPE COLLAR TO BE USED \_\_\_\_\_

PET BEHAVIORS WHILE ON WALK AND TOWARD OTHER ANIMALS (BE SPECIFIC) \_\_\_\_\_

PET BEHAVIORS TOWARD PEOPLE (BE SPECIFIC) \_\_\_\_\_

TELL US ANYTHING YOU FEEL IMPORTANT ABOUT PET 3 \_\_\_\_\_

PET 4 NAME \_\_\_\_\_ TYPE PET \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GENDER \_\_\_\_\_ BREED \_\_\_\_\_

DESCRIPTION OF PET \_\_\_\_\_ WEARS ID TAG? \_\_\_\_\_ IS MICRO CHIPPED? \_\_\_\_\_

LOCATION OF PET DURING DAY \_\_\_\_\_ AT NIGHT \_\_\_\_\_

LOCATIONS (IN HOUSE OR OUTSIDE PETS ARE NOT ALLOWED) \_\_\_\_\_

CURRENT ON ALL VACCINATIONS \_\_\_\_\_ HEALTH ISSUES (LIST ALL) \_\_\_\_\_

MEDICATIONS CURRENTLY TAKING \_\_\_\_\_ LOCATION OF MEDS \_\_\_\_\_

HOW ADMINISTERED \_\_\_\_\_ ALLERGIES \_\_\_\_\_

FOOD AM \_\_\_\_\_ MIDDAY \_\_\_\_\_ FOOD PM \_\_\_\_\_

WHERE DOES PET EAT (ANY OTHER EATING INFO) \_\_\_\_\_

HIDING PLACES (CATS) \_\_\_\_\_ DECLAWED (CATS) \_\_\_\_\_

WALKS? \_\_\_\_\_ TYPE COLLAR TO BE USED \_\_\_\_\_

PET BEHAVIORS WHILE ON WALK AND TOWARD OTHER ANIMALS (BE SPECIFIC) \_\_\_\_\_

PET BEHAVIORS TOWARD PEOPLE (BE SPECIFIC) \_\_\_\_\_

TELL US ANYTHING YOU FEEL IMPORTANT ABOUT PET 4 \_\_\_\_\_

(for horse care please see page 4, for overnight service page 5, if neither go to page 7)

I have provided YBFF with 2 sets of working house keys (please initial): Yes \_\_\_\_\_ No \_\_\_\_\_ (YBFF requires these keys unless YBFF is accessing the house in a different way)

If no, please state reason: \_\_\_\_\_

I live in a apartment/condo complex and have completed to copies of the APARTMENT/CONDO ACCESS FORM and given one copy to the apartment/condo management and one copy to YBFF: Yes \_\_\_\_\_ No \_\_\_\_\_ (do not live in apartment/condo)

With permission from you, YBFF from time to time uses photos of your pets on our web site and on some of our printed materials. Do we have your permission? (please initial): Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of the death of your pet, what are your instructions for YBFF \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of your inability to return to care for your pets or in the event of your death, what are your instructions for YBFF \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 March 2010. Other than during your current service, changes to services and rates may be made at any time by YBFF without notifying the client first.

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: \_\_\_\_\_ Pet(s) Names \_\_\_\_\_

**CLIENT SIGNATURE**