

YOUR BEST FRIEND'S FRIEND----- CLIENT INFORMATION FORM 11/15/16

**PLEASE COMPLETE THIS FORM PRIOR TO SERVICE
INITIAL EACH PAGE AND SIGN AND DATE THE LAST PAGE**

OWNER NAME(S): _____ NEW CLIENT DATE: _____ FORM UPDATED DATE:

HOW HEARD OF YBFF _____ SEARCH ENGINE _____ 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 _____

2ND 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) _____ OUTSIDE? _____

HEAT/AIR INSTRUCTIONS _____ ADJUST CURTAINS/BLINDS _____

LIGHTS _____ DO YOU USE A SNOW REMOVAL SERVICE / NAME/NUMBER _____

FLASH LIGHT LOCATION _____ CAT CARRIER LOCATION _____ CLEANING SUPPLIES _____

PLUNGER 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) _____

UPDATES DURING YOUR ABSENCE, PLEASE CALL OR EMAIL THE OFFICE AT ANY TIME. EVERY TEAM MEMBER REPORTS TO THE OFFICE MANAGER/AT THE START AND FINISH OF EACH SHIFT WITH UPDATES ON EVERY JOB. ANY PROBLEMS OR CONCERNS ARE REPORTED TO THE OFFICE MANAGER/IMMEDIATELY.

CLIENT INITIAL: _____ DATE: _____

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 _____

CLIENT INITIAL: _____ DATE: _____

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 _____

CLIENT INITIAL: _____ DATE: _____

ADDITIONAL HORSE CARE INFORMATION: (UPDATED 8/2014)

NAME/BREED/GENDER/DESCRIPTION/TEMPERMENT/BEHAVIORS OF EACH HORSE:

HORSE 1: _____

HORSE 2: _____

HORSE 3: _____

VET (NAME/ADDRESS/PHONE) _____

EMERGENCY FACILITY/AFTER HOURS _____

FARRIER (NAME/PHONE) _____

FEED STORE _____ TRAINER _____

SOMEONE WHO KNOWS HORSES/MIGHT HELP IF NEEDED _____

FEED/SUPPLEMENT/MEDICINE: TYPE/LOCATION/INSTRUCTIONS (AMOUNTS, ETC)

HORSE 1: _____

HORSE 2: _____

HORSE 3: _____

INSTRUCTION FOR LOCATION OF HORSE(S) DAY/NIGHT (be specific, which stall, etc.)_

HORSE 1: _____

HORSE 2: _____

HORSE 3: _____

FIRST/AID SUPPLY LOCATION _____ FLY SPRAY _____

INSTRUCTION FOR CLEANING OF STALLS AND/OR PADDOCK _____

BLANKETING INSTRUCTION _____

LOCATION OF HALTERS/LEADS/FLY MASKS/OTHER _____

WATER/HOSE LOCATIONS _____

ANY OTHER INFORMATION THAT WOULD BE HELPFUL _____

ADDITIONAL INFORMATION FOR **OVERNIGHT SERVICE** (PLEASE BE AS DETAILED AS POSSIBLE)

WHERE IS HOUSE SITTER TO SLEEP?

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

PLEASE LIST ANY AREAS/ROOMS OFF LIMITS TO HOUSE SITTER _____

PLEASE LIST APPLIANCES, ELECTRONIC EQUIPMENT (RADIO, TV, WASHER/DRYER/OVEN,ETC) HOUSE SITTER IS ALLOWED TO USE (BE SPECIFIC):

PLEASE LIST APPLIANCES, ELECTRONIC EQUIPMENT (RADIO, TV, WASHER/DRYER/OVEN,ETC) HOUSE SITTER IS **NOT** ALLOWED TO USE (BE SPECIFIC):

IS HOUSE SITTER ALLOWED TO USE OUTDOOR ITEMS SUCH AS POOL, SPA, GRILL, OTHER) PLEASE BE SPECIFIC

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

IS HOUSESITTER ALLOWED TO ACCESS THEIR INTERNET THROUGH YOUR WIRELESS INTERNET? IF YES PLEASE LIST THE CODE TO BE USED FOR ACCESS:

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

CLIENT INITIAL: _____ DATE: _____

ADDITIONAL INFORMATION FOR **OVERNIGHT SERVICE**

WOULD YOU LIKE TO RECEIVE UPDATES WHILE YOU ARE GONE ON HOW EVERYTHING IS GOING? _____ IF YES, HOW WOULD YOU LIKE RECEIVE THE UPDATES AND HOW OFTEN (EMAIL, PHONE, TEXT)

WOULD YOU LIKE HOUSESITTER TO WASH THEIR SHEETS AND TOWELS USED OR WOULD YOU PREFER SHE LEAVE THEM SOMEWHERE _____

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

In the event the overnight pet/house sitter becomes ill or in any way becomes unable to care for your pets or home, YBFF will place another overnight sitter in your home with complete instruction from YBFF on your job. If an overnight pet sitter is not available, YBFF will continue with our normal pet sitting services on this job until an overnight team member becomes available or until you arrive home, whichever comes first. We will notify you immediately of any changes. The YBFF overnight team reports to the office daily on the status of the job and reports any problems immediately to the office.

NOTE: Without written direction and instruction from the client, YBFF will not administer any medication(s) to pets. Always leave written instruction for any medications in your yellow client folder as well as emailing instructions to the office prior to any service.

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 using another form of access, a spare key needs to be available to YBFF should the other form of access malfunction (garage,etc). If no, please state reason:

I have completed two copies of the HOME ACCESS FORM and given one copy to the apartment/condo management (if reside in apartment/condo) and one copy to YBFF: Yes _____ No _____

YBFF will take a picture of your pets at the initial meeting or you can provide pictures prior to the initial meeting to be placed in your file in the event your pet becomes lost, etc. Picture taken/provided: Yes _____ No _____

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 the New Brochure Dated November 15, 2016. 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