

# Your Pet's Best Friend

## Client Information Sheet

### OWNER INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### HOME INFORMATION

Will anyone outside the family have access to the home? **Yes** or **No**

Details: \_\_\_\_\_

Does the mail need collected daily? **Yes** or **No**

Does the newspaper need collected daily? **Yes** or **No**

Do plants need watered? **Yes** or **No**                      How often? \_\_\_\_\_

### EMERGENCY CONTACT

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	<u>Key?</u>
_____	_____	_____	_____
_____	_____	_____	_____

### KEYS

\_\_\_ Keep for future visits      \_\_\_ Return

Returned keys will result in a pick up fee for future services.

**Please notify us upon your return to avoid additional fees for additional visits.**

\_\_\_\_\_

**Client Signature**

**Date**

This signed document is authorization to enter the above address for the purpose of pet care.

# Your Pet's Best Friend

## Pet Information

**1**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Food location: \_\_\_\_\_ Time(s): AM \_\_\_\_\_ Wet / Dry Amount: \_\_\_\_\_

PM \_\_\_\_\_ Wet / Dry Amount: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication? **Yes or No** Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Instructions: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**2**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Food location: \_\_\_\_\_ Time(s): AM \_\_\_\_\_ Wet / Dry Amount: \_\_\_\_\_

PM \_\_\_\_\_ Wet / Dry Amount: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication? **Yes or No** Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Instructions: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**3**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Food location: \_\_\_\_\_ Time(s): AM \_\_\_\_\_ Wet / Dry Amount: \_\_\_\_\_

PM \_\_\_\_\_ Wet / Dry Amount: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication? **Yes or No** Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Instructions: \_\_\_\_\_

Additional Information: \_\_\_\_\_

# Your Pet's Best Friend

## Pet Sitting Guidelines and Policies

- Client Leaving: \_\_\_\_\_ Time: \_\_\_\_\_ Client Returning: \_\_\_\_\_ Time: \_\_\_\_\_  
Date 1<sup>st</sup> visit to be made: \_\_\_\_\_  Morning  Mid-day  Evening  
Visit(s) to be made by pet sitter each day:  Morning  Mid-day  Evening  
between \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date last visit to be made: \_\_\_\_\_  Morning  Mid-day  Evening
- Visit times: Your Pet's Best Friend** will visit at the requested times as closely as possible. However, if we are caring for multiple pets, the times may be shifted a little to accommodate our clients. We will do our very best to arrive at the appointed times.
- Additional Pet Care Assistance And Other Scheduled Services:** We all want our pets to have all the love and attention they deserve, but please be advised that if there are other persons entering and leaving your home, **Your Pet's Best Friend** can not be held liable for any damages or problems that may arise as a result. Please inform us at the time of the consultation of anyone who may have access to your home while you are away. This includes cleaning services, repair persons, friends, family and neighbors. **Your Pet's Best Friend** does not accept liability for other persons who will be in your home during pet care.
- Vaccinations/Immunizations: Your Pet's Best Friend** requires that all pets have the necessary vaccinations and immunizations before service begins. We may ask to see expiration dates for rabies vaccinations.
- Unforeseen purchases:** If needed, **Your Pet's Best Friend** will purchase pet food, litter, cleaning supplies or other necessary items that contribute to the health and well being of your pet while you are absent. We will retain a receipt and the pet owner is responsible for reimbursement of these items.
- Pet waste: Your Pet's Best Friend** will properly dispose of all pet waste. We do request that you provide plastic bags for this purpose and indicate where you would like these waste bags disposed.
- Leashes:** All dogs will be required to be on leash during outdoor walks.
- Animal Behavior:** Animals behavior can be unpredictable. **Your Pet's Best Friend** does not accept responsibility or liability for animal behavior, normal or otherwise, which results in injury to the client's animals.
- Fences:** Fenced in yards are wonderful playgrounds for our dogs and allow them additional space to exercise and play. **However, no fence system is totally secure. Your Pet's Best Friend** does not accept responsibility or liability for any client's animals that escape or become lost or injured, fatal or otherwise, when instructed to leave the clients animals in a fenced in area. This includes electronic, wood, metal or any other type of fence.
- Other dogs:** We will not permit your dogs to interact with strange dogs. If stray dogs that are off leash approach, we will do our best to keep interaction at a minimum and move away from them.
- House Cleanliness: Your Pet's Best Friend** will clean up after your pets to the best of our ability. Please inform us of the designated area for the appropriate cleaning supplies.
- Privacy Policy:** All of your information will be kept private and confidential. **Your Pet's Best Friend** highly respects our clients' entrusting us with the care of their home and their loving pets. We do recommend that you inform a trusted neighbor that while you are away, **Your Pet's Best Friend** will be caring for your pets and your home.

13. **Household Emergencies:** Please leave the name and number of a trusted maintenance company or a person you can rely on to attend to any household emergencies that may arise during your absence. This includes but is not limited to; leaking pipes, malfunctioning water heaters and heating and air units.
14. **Early Returns/Last minute Changes:** It is not unusual for trip plans to change at the last minute. However, please understand that **Your Pet's Best Friend** carefully schedules our time to service you and our other clients. Therefore, there are no refunds or credits for early returns or last minute changes to pet care. Once pet care begins, payment is due for the original dates scheduled.
15. **Cancellations: Your Pet's Best Friend** requires a full four-day notice prior to the date of the first visit. Failure to provide notice in less than four days will result in a \$30 cancellation fee payable by the pet owner.
16. **Holiday Cancellations:** With the exception of severe weather, life threatening emergencies or a death in the family, Any cancellations prior to a major holiday; ie: Christmas, New Years, Easter, Memorial Day, July 4<sup>th</sup>, Labor Day and Thanksgiving **with less than a four day notice** will result in 50% of the total invoice for scheduled pet care to be paid. We request your understanding that Holiday travel is a peak service time for pet care.
17. **Payment: Your Pet's Best Friend** accepts cash or checks. Please make all checks payable to **Your Pet's Best Friend**. Payment can be left for pick-up upon first visit or be made immediately after assignment has finished.
18. **Returned Check Charges:** There is a \$20 fee for all returned checks.
19. **Late Payments:** There is a 10% late charges fee for all late payments. **Payments are considered late if not received 2 weeks after last visit.**

I, \_\_\_\_\_ have read, understand and agree to the policies and guidelines of Your Pet's Best Friend. I further understand that a copy of this form will be kept on file for documentary purposes. All policies and guidelines are subject to change at the discretion of Your Pet's Best Friend.

Pet Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

# Your Pet's Best Friend

## Veterinarian Release Form

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, and we are unable to contact you at the time. Should you change veterinarians please notify Your Pet's Best Friend before service dates.

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

Phone Number \_\_\_\_\_

**To whom it may concern:** During my absence a representative of Your Pet's Best Friend will be caring for my pet(s). I give Your Pet's Best Friend my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize Your Pet's Best Friend to act as an agent on my behalf regarding my pets' medical care. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts: \$ \_\_\_\_\_

Your Pet's Best Friend reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Veterinary Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize veterinary treatment for my animal(s) during my absence. I understand that Your Pet's Best Friend assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I will be responsible for any and all charges incurred during the treatment of my pets limited to the conditions of this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Your Pet's Best Friend**

## **Call Home Policy**

The safety of your pets is our primary concern. We do everything in our abilities to ensure their safety. We believe that your pets need to be visited the number of times agreed upon during a day.

While we certainly anticipate that you will be arriving home on the date you provide to us, we understand that there will occasionally be circumstances beyond your control that will prevent you from returning on the indicated date. If this happens, please call us and we will absolutely extend past the predetermined visits to care for your pets.

We ask that you call us when you arrive home. This covers an unforeseen event in which you do not arrive home and cannot notify us of this situation.

**IF "YOUR PET'S BEST FRIEND" DOES NOT HEAR FROM YOU ON YOUR ARRIVAL DATE, WE WILL AUTOMATICALLY EXTEND YOUR VISITS TO ENSURE THE SAFETY AND WELFARE OF YOUR PETS. IF WE ARRIVE AT YOUR HOME, AND YOU ARE EITHER AT HOME OR HAVE ARRANGED FOR OTHER CARE FOR YOUR PETS; WE WILL CHARGE YOU FOR AN EXTRA VISIT.**

I understand and fully agree with this policy, and will assume all liability from charges arising from this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_