



## Pet Sitting Information

**We are so excited to take care of your pet(s)!**

**Please review the policies on this page and then complete the application and waivers**

1. **What to expect:** Based on the information in your application, we will drop by your home to care for your pet while you are gone.
2. **Our pet sitters:** We hire people who love animals! Our team will treat your pet(s) as if they were their own. We have a thorough background check screening process and will send the qualified pet sitter to your home. We have assigned the available pet sitter to you and the same person will consistently be your pet sitter when possible.
3. **How do we get into your home?:** We prefer the use of a lock box. However, we are able to house your key at our day care. If you'd like us to have a key, we request two copies.
4. **Tracking time and confirmation of service(s):** The pet sitter will login to our app (PetCheck) when they arrive at your home and start the care required. They may snap a photo of your pet(s) and send it to you through the app. When finished, they scan out of your assigned QR code and it will send a confirmation that the visit has taken place along with any notes from their visit, including GPS tracking of their walk (if applicable).
5. **Payment:** You can login to the PetCheck app or website to make a payment, see outstanding invoices or any credits available.
6. **Tips:** Tipping your pet sitter is not required, but if you're moved to do so, you can leave them cash or check. You may also speak to your sitter to find out if they prefer an alternate form.

If you have additional questions please call us at **(303) 321-8900** or email us at **info@bffpetcare.com** and we will be happy to answer any questions you may have.

Looking forward to serving you and your pet(s)!

# Pet Sitting Application

## Client Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Where Can You Be Reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**(We MUST Have A Telephone Number Or Way To Reach You):**

In Case Of Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In Case Of Inclement Weather Or Natural Disaster Prohibiting Travel, Is There A Nearby Neighbor Whom We May Call To Check On Your Pets?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Home Entry (circle one):    Lock Box        Keys at Day Care

Lock Box Code: \_\_\_\_\_ Lock Box Location: \_\_\_\_\_

Is A Security System In Place (circle one):    Yes    or    No

Access Code: \_\_\_\_\_

Alarm Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm Instructions: \_\_\_\_\_

If Alarms Sounds What Is The Password To Reset: \_\_\_\_\_

## Home Care Information:

Bring In Mail (circle one): Yes or No

Bring In Newspapers (circle one): Yes or No

Alternate Lights (circle one): Yes or No

Alternate Blinds/Curtains (circle one): Yes or No

Water Indoor Plants (circle one): Yes or No

Fill Bird Feeder (circle one): Yes or No

Alternate Television/Radio (circle one): Yes or No

Take Out Garbage (circle one): Yes or No

Garbage Days: \_\_\_\_\_

## Communication:

All communication is done through **PetCheck** Technology via email. Emails will be sent to your preferred emails when sits starts and a detailed email when it ends.

You will be sent an introduction email with your log-in and password information for your account. You can request this information at any time.

Your **PetCheck** account can be accessed at any time through the website <https://www.petchecktechnology.com> or through the app **PetCheck for Pet Owners**.

**Pet Care Information:**

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

Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered (circle one): Yes or No

Any Fears or Phobias? \_\_\_\_\_

Medications? \_\_\_\_\_ Instructions \_\_\_\_\_

Any History Of Illness? \_\_\_\_\_

Any History of Biting? \_\_\_\_\_

Current On Vaccines (circle one): Yes or No

Collar Color: \_\_\_\_\_

Favorite Toys or Special Treats? \_\_\_\_\_

Any Restrictions? \_\_\_\_\_

**Vet Preference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Food/Treat Location: \_\_\_\_\_

Leash Location: \_\_\_\_\_

Cleaning Supplies Location: \_\_\_\_\_

How do pets react to your absence? \_\_\_\_\_

Are You Aware Of Any Reason We Should Approach Your Pets With Caution?

\_\_\_\_\_

## Credit Card Authorization Form:

Please complete all fields. You may cancel this authorization any time by contacting us. The authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
CVV: _____	Expiration Date: (mm/yy) _____ / _____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize **Best Friend's Forever Pet Care LLC** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

- \* Your card will NOT be charged until the Monday following the completion of your requested service(s).
- \* Pre-pay options are also available upon request.
- \* The privacy of your personal information is very important to us. It will not be shared with any other party under any circumstances.

## Medication Information and Authorization

Medications (name, dose, frequency, route of administration):

Name	Dose	Frequency	How medication is given (orally, etc.)	Other notes

Other medication notes:

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Other instructions, if applicable:

- I authorize emergency veterinary care costs up to \$\_\_\_\_\_
- I do **not** authorize euthanasia without my direct consent.
- In the event of my animal's death, I wish for the following to be done with his/her remains:  
\_\_\_\_\_

I do **not** authorize the following procedures/ treatments (provide a description of what is to be done in place of this procedure/treatment):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Other: \_\_\_\_\_

Owner's name (printed): \_\_\_\_\_

Owner's signature: \_\_\_\_\_

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

## Pet Care Emergency Authorization Form

To Whom it May Concern:

I, \_\_\_\_\_(owner's name), owner of the belowdescribed animal, authorize the representative from **Best Friends Forever Pet Care** to make emergency veterinary medical decisions, for the animal described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. Best Friends Forever Pet Care may initially pay for any up front expenses, however I accept financial responsibility for the emergency care of the animal(s).

Owner's name: \_\_\_\_\_

Owner's contact information in case of emergency (provide all forms of contact):

Phone: \_\_\_\_\_

Authorized agent Contact information:

**Best Friends Forever Pet Care**

**Address:** 4613 E. 23<sup>rd</sup> Avenue, Denver, CO 80207

**Phone:** 303-321-8900

**Email:** info@bffpetcare.com

**Website:** www.BFFPetCare.com

Relationship to pet owner: \_\_\_\_\_

Animal Information:

Animal's name: \_\_\_\_\_

Type of animal: \_\_\_\_\_

Age, weight, and sex of animal: \_\_\_\_\_

Description of animal (color, markings) : \_\_\_\_\_

Relevant medical history: \_\_\_\_\_

Microchip number (if applicable): \_\_\_\_\_

Vaccinations (vaccination, date): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_