



Dog Walking Information

We are so excited to take care of your dog(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 walk and care for your dog while you are gone for the day.
- 2. Our Dog Walkers:** We hire people who love animals! Our team will treat your dog(s) as if they were their own. We have a thorough background check screening process and will send the qualified dog walker to your home. We have assigned the dog walker to you and the same person will consistently be your dog walker. Our dog walkers do take vacation and get sick on occasion and we will send another walker in their absence unless otherwise requested advance notice.
- 3. How do we get in to 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. Walks; Tracking Time and Confirmation of Service:** The dog walkers will login to our App when they arrive at your home and start the care required. They may snap a photo of your dog(s) and send it to you through the App. When finished, they scan out of your assigned QSR 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.
- 5. Payment:** You can login to the Pet Check App or website to make a payment, see outstanding invoices or any credits.
- 6. Tips:** Tipping your dog walker is not required, but if you're moved to do so, you can leave them cash or check.

If you have additional questions please 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 dog(s)!

Dog Walking Application

Client Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Cellular Phone: _____

E-Mail 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: _____

Pet Care Information

Pet Name: _____

Breed: _____ Color: _____

Pet'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/ Special Treats _____

Any Restrictions? _____

Vet Preference: _____ **Phone:** _____

Pet Food/ Treat Location: _____

Leash Location: _____

Cleaning Supplies Located: _____

How Do Pets React To Your Absence From Home? _____

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

Service

Default Service: 30-minute Walk 15-minute Potty Break 60-minute Walk

Dog Walker: _____

I request advance notice if my walker is on vacation or sick, please note notice may be same day(circle one):

Yes, do not send another walker Yes, put do not disrupt my service No, not necessary

Communication

All communication is done through Pet Check Technology via email. Emails will be sent to your preferred emails when the walk 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.

Pet Care Emergency Authorization Form

To Whom it May Concern:

I, _____ (owner's name), owner of the below-described 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):

Authorized agent Contact information:

Best Friends Forever Pet Care, 4613 E. 23rd 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): _____

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

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

Other medication notes:

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: _____