



APPLICATION

Owner Details

Name: _____

Email: _____

Primary Phone: _____

Secondary Phone: _____

Address: _____

How did you hear about us? _____

Access Instructions (We like to have 2 ways into the home in case power goes out, etc):

Alarm Code if applicable: _____

Garage Code if applicable: _____

Key Pad/Lockbox Code if applicable: _____

Back-up Key Location if applicable: _____

Emergency Contact Info

Emergency Contact: _____

Emergency Contact Phone Number: _____

Secondary Emergency Contact: _____

Secondary Emergency Phone Number: _____

Payment for Services

Cash, Check or Credit Card Auto Charge after services are completed.

(Must have a credit card or debit card on file if not paid in full upfront) (You will receive an email notice 24 hours before your card is auto charged)

Credit Card #: _____

Exp Date: _____ CVC Code: _____ Billing Zip Code: _____

Signature of Owner: _____ Date: _____

| Services and Rates (Please circle which services you are interested in) | |
|---|---|
| *Please note, that we may suggest a different service time depending on your requests, to ensure that we are able to successfully fulfill your needs! | |
| Add-Ons: (water plants, get mail or take trash cans out): _____ | |
| 15-minute (\$25 per visit/walk) | All requested services will be completed within a 15-minute interval. |
| 30-minute (\$30 per visit/walk) | All requested services will be completed within a 30-minute interval. |
| 45-minute (\$40 per visit/walk) | All requested services will be completed within a 45-minute interval. |
| 1-hour (\$50 per visit/walk) | All requested services will be completed within a 1-hour interval. |

| Time Scheduling (Please circle or write in the option(s) that best suit your pet sitting needs!) | | | | | | | |
|--|------------------------------|----------------------------|----------------------------|-------------------------------------|-------------------------------|--------|----------|
| Frequency: | Vacation Care | Daily/Weekly Care | Undetermined Care Needs | | | | |
| Dates (For Vacation Care) | Month: Dates: | | | | | | |
| Days (For Daily/Weekly Care) | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Time Window Preferences | Morning Visits (8am-10am) | Lunch Visits (11am-3pm) | Dinner Visits (4pm-7pm) | Evening /Bedtime Visits (8-10pm) | Overnight Visits (7pm-7am) | | |
| <p>**Specific Time Requests: Please note that we cannot guarantee <u>specific</u> times when scheduling. We will try our best to get as close to a specific time as the schedule allows. We <u>cannot</u> promise that our sitters will be there at an <u>exact time</u> as pets and traffic can cause unexpected delays!</p> | | | | | | | |

Please email completed application to admin@furballfitnesspetcare.com 614.986.9890 ext 2

| Pet Information | | |
|--|--|------------------------------|
| Name: | Birthday: | Male or Female |
| Animal Type: | Neutered/Spayed? Yes or No | |
| Breed: | Colors/Markings: | |
| Feeding Time(s): | Treats: | |
| Feeding Instructions: What to do if food is not eaten (add to it, throw away & put fresh in bowl, or leave until gone)? | | |
| Food Location: | | |
| Medications? Yes No | Medications/Instructions: | |
| Medical/health concerns? Allergies? | | |
| Walking/ Special Instructions: | | |
| Leash Description & Location (if applicable): | | |
| Litter Box Location(s) (if applicable): Where to put litter waste? | | |
| Precautions (other dogs, people, scared of..., etc.) | | Any Weather Restrictions: |
| Vet Name: | Vet Phone Number: () - | Maximum Vet Coverage: |

I give permission for Furball Fitness to take my pet to the vet in case of an emergency.
Signature of Owner: _____ Date: _____