



## 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 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: \_\_\_\_\_

<b>Services and Rates</b> (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.

<b>Time Scheduling</b> (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><b>**Specific Time Requests:</b> 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](mailto:admin@furballfitnesspetcare.com) 614.986.9890 ext 2

Pet Information		
Name:	Birthday:	Animal Type:
<b>Male</b> or <b>Female</b>	Neutered/Spayed?	<b>Yes</b> <b>No</b>
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? <b>Yes</b> <b>No</b>	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: \_\_\_\_\_