

## **PET INFORMATION & CONTRACT**

### **PET DETAILS**

|                        |     |                         |     |
|------------------------|-----|-------------------------|-----|
| Pet Name               |     | Breed/Colour            |     |
| Gender                 | M/F | Age                     |     |
| Neutered/Spayed        | Y/N | Vaccinations up to date | Y/N |
| Flea & Worm up to date | Y/N | Micro Chipped           | Y/N |
| Insured                | Y/N |                         |     |

### **OWNER DETAILS**

|         |            |
|---------|------------|
| Name    | Tel/Mobile |
| Address | Email      |

### **EMERGENCY CONTACT DETAILS**

Should we be unable to contact you please list a person who is able to make decision regarding your pet & your property, this could include decision regarding emergency treatment including euthanasia. Please ensure that the person know you have nominated them

|         |            |
|---------|------------|
| Name    | Tel/Mobile |
| Address | Email      |

## VET DETAILS

Name

Tel/Mobile

Address

Email

### **VETERINARY AUTHORISATION**

**During my absence P's Paws (Paula McLellan) will be caring for my dog(s)/animals and has my permission to transport them to your surgery for treatment.**

**I authorise you to treat my dog(s)/animal and will be responsible for payment to you on my return. Please file this form with my records.**

**In the event of surgery or euthanasia the Petsitter will accept the advice of the vet and the emergency contact will be contacted.**

**Client signature.....**

## VISIT REQUIREMENTS

|                  | <b>M</b> | <b>T</b> | <b>W</b> | <b>T</b> | <b>F</b> | <b>S</b> | <b>S</b> | <b>TOTAL</b> |
|------------------|----------|----------|----------|----------|----------|----------|----------|--------------|
| <b><u>AM</u></b> |          |          |          |          |          |          |          |              |
| <b><u>PM</u></b> |          |          |          |          |          |          |          |              |

**VISIT TIME**

**AM -**

**PM -**

How will payment be made - Cash/Bank Transfer

When will payment be made – Daily/Weekly

## **FEEDING REQUIREMENTS**

How much food?

How many times per day/specific time?

Location of food?

Location of bedding/straw/hay etc?

Does pet like to be handled/petted? Y/N

Any information we should be aware of when handling your pet

Please specify

Are we required to administer any medication – Y/N

If Y permission to administer medication form required

### **General**

Location of Binbags/Hoover/Dustpan & Brush etc.

Water Plants Y/N

Please specify

Bin Collection day - M/T/W/T/F/S/S

Where would you like post/parcels stored?

Close curtains/leave lights on??

Are neighbours aware we will be visiting?

Location of stopcock/Fusebox in case of emergencies?

**Please advise of any other relevant information we should be aware of.**

KEY AUTHORISATION/ SECURITY DETAILS

I (the client) release my house key(s) to P's Paws (Paula McLellan) for the duration of the contract. I may revoke this release at any time and expect my keys to be returned to me immediately upon such revocation.

OR

I will be at home at the time of service and have no need for my keys to be held.

Client signature.....

**Alarm Code –**

I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED DOG (S)/ANIMALS AND THAT I AUTHORISE P's PAWS TO ACT AS GUARDIAN DURING MY ABSENCE AND TO TAKE ANY ACTION WHICH HE/SHE CONSIDERS SUITABLE IN ORDER TO PROTECT AND KEEP IN GOOD HEALTH THE ABOVE NAMED DOG(S). I DO FURTHER CONFIRM THAT I WILL BE RESPONSIBLE FOR ANY COSTS WHICH MIGHT BE INCURRED, EITHER VETERINARY OR OTHER, AS A RESULT OF ANY SICKNESS, ACCIDENT OR DAMAGE CAUSED TO OR BY THE ABOVE NAMED DOG (S)/ANIMAL. EXCEPT THIRD PARTY LIABILITY, AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND. I ALSO UNDERSTAND THAT NO LIABILITY WILL ATTACH TO THE ABOVE MENTIONED PETSITTER

SIGNATURE: ..... DATE: .....