

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 pf the vet and the emergency contact will be contacted.

Client signature.....

WALKING REQUIREMENTS

30/60 MINUTES

GROUP/INDIVIDUAL

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

VISIT TIME **AM -**

PM -

How will payment be made - Cash/Bank Transfer

When will payment be made – Daily/Weekly

WALKING REQUIREMENTS

Allowed treats Y/N

Allowed off lead Y/N

Allowed in water Y/N

Collar/Tag Y/N

Any Precautions? E.g. Cats/Other Dogs/Livestock/Children etc. Y/N

Please specify

Ever shown aggression to people Y/N

Ever bitten a person Y /N

Ever shown aggression to another dog Y/N

Ever bitten a dog Y/N

DOGS WHICH ARE ALLOWED OFF THE LEAD ONLY

I agree that I allow my dog to be let off the lead. I do not hold P'S PAWS responsible if my dog is lost or stolen, or if he/she in-dangers itself if they run away. I understand that P's Paws will not be responsible.

Client Name Client Signature Date

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: