

Client & Pet Information Form

Booking details

Is this your first time with us? (Y/N): _____

Initial introduction date: _____

Pet information

General information

Pet name: _____

Age: _____ Colour: _____

Breed: _____ Sex: _____

Is your pet neutered (Y/N)?: _____ Illness in the past 6 months (Y/N): _____

If yes, please provide details:

Microchip number: _____

Last flea treatment: _____ Last worm treatment: _____

Any current medication? (Y/N): _____

Anxieties (i.e. loud noises, other animals, etc.):

Is your pet socialised? (Y/N): _____

Normal sleeping arrangements:

Can your dog be walked off lead? (Y/N): _____

Recall commands:

Can your dog be left alone up to the legal amount of 3 hours? (If no, 24 hour care can be arranged at a cost of £50 per 24 hours): _____

Feeding schedule

AM: _____

PM: _____

Other:

Owner information

Name of owner: _____

Address:

Telephone number: _____

Email: _____

Emergency contact information

Emergency contact name: _____

Emergency contact phone number: _____

Care providers

Vet name: _____

Vet telephone number: _____

Pet insurance (Y/N): _____

Name of insurance company: _____

Consent & permissions

I _____ being the owner of
_____ give permission for the following:

To be allowed in the garden unsupervised: _____

To be taken out of the house for exercise: _____

To be taken off their lead (if you answered yes to this above): _____

To be transported via car: _____

To be boarded with other dogs: _____

To be posted on our social media page (Instagram) (Y/N): _____

Medical consent

If your dog becomes unwell, we will always seek to contact you and/or your emergency contact. If we are unable to contact you, please give permission for the following:

To be transported to the vet: _____

To be transported to an emergency vet if your regular vet is unavailable: _____

For any urgent treatment (only to be carried out on vet's advice) to the max cost of £ _____

In extreme cases, on the advice of the vet if immediate euthanasia is required: _____

To carry out any treatment required: _____

I would like the body (retained/cremated): _____

I understand I am liable for any vet costs incurred in caring for my dog

Signed

I will provide my dog's vaccination certificate(s) on arrival:

I hereby confirm the details above are correct, and I have read, understood, and accept the these terms & conditions

Signed

Print name

Date: _____