**Home Sit Booking Form**

**Owner Information**

Name: Mr/Mrs/Miss First Name: ...........................................................

Surname: ............................................................................................

Address: ................................................................................................................... Postcode:.....................

Home Phone: ............................................................... Work Phone: ...........................................................

Mobile Phone: ............................................................. Email: ......................................................................

Emergency Contact Name: ......................................... Telephone: ...............................................................

**Booking Details**

Start Date: ............................................................... Departure Time UK: ....................................................

End Date: .......................................................... Arrival Time Home: ..............................................

**Pet Information**

Name: ................................................... Breed: ...................................... DOB: ............................

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Spayed/Castrated.....................

Name: ................................................... Breed: ...................................... DOB: ............................

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Spayed/Castrated.....................

Name: ................................................... Breed: ...................................... DOB: ............................

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Spayed/Castrated.....................

Name: ................................................... Breed: ...................................... DOB: ............................

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Spayed/Castrated.....................

**Veterinary Information**

Name of Veterinary Surgeon: .........................................................................................................................

Address of Practice: ........................................................................................................................................

Telephone Number: .......................................................................................................................................

Do you have pet insurance?......................................

Please give details of poor health and medication: ......................................................................................

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**Feeding**

Time of Feed: ...................................... .......................................... .............................................

Type and Quantity of food to be provided: ...................................................................................................

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Is your dog possessive over food? Y/N Is your dog allowed treats/titbits?..........................................

**Describe your dog’s level of obedience, and any unusual command words that your dog responds to:**

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Where does your dog usually sleep? Lounge, bedroom etc. .....................................................................................

**Walking Your Dog (s)**

Is your dog socialised with other dogs? ....................................................................................................

Does your dog pull on a lead when out for walks? ............................................................................................

Does your dog have a good recall? ..............................................................

Do we have your full permission to walk your dog off-lead providing it is safe to do so?.....................................

**IS YOUR DOG LIKELY TO**

**(Please circle the appropriate answer)**

Jump Onto Furniture? Often Occasionally Never

Jump Up At People? Often Occasionally Never

Bark? Often Occasionally Never

Whine? Often Occasionally Never

Chew Furniture? Often Occasionally Never

Fight With Other Dogs? Often Occasionally Never

Scratch At Carpets Or Doors? Often Occasionally Never

Does your dog mess or urinate in the home? ........................................................................................

Does your dog chew other things? e.g. pens, paper, small objects .......................................................

Is your dog possessive or protective over food, toys, chews, collar etc? ........................................................................................................................................................................................................................................................................................................................................................

**Please give details of any other information you feel is relevant that will help us look after your dog as best we can:**

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**Fees and Payment**

I/we agree to pay £..................... per day as discussed and agree to the policies and procedures.

I/we agree to pay a non-refundable deposit of 25% of the total sum to secure the booking and that by paying the deposit we understand and agree to the Service Agreement, Policies and Procedures and the terms of this Booking Form.

I/we agree to pay the balance seven days before our Start Date above.

**Signed:** ................................................................... **Date:** ................................................................................