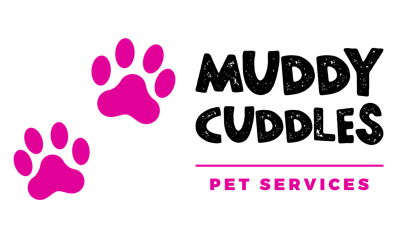
****

**Booking In Form/Request Boarding**

Top of Form

Owner Name

Owner Address (including postcode)

Mobile Phone Number

This will be used only to send essential correspondence regarding your booking and for holiday boarding updates.

Email Address

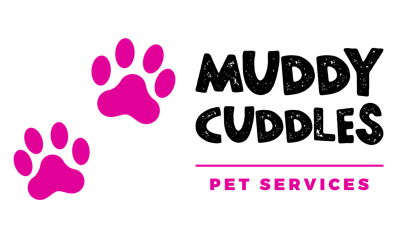
This will be used only to send essential correspondence regarding your booking.

Emergency Contact

This may be a friend, family member or your veterinarian. Please provide your contact's name, location, and at least one contact number. This person may need to make decisions, advise, or act on your behalf in case of emergency.

Number of Cages Required

Pet Details – NAME, AGE & SEX

****

**Dates of Holiday Boarding/Cover**

Inclusive of drop-off/collection dates.

Drop-Off Time

Collection Time

Location of Holiday Boarding/Cover

Muddy Cuddles’ Premises

Home Visits

If requesting Home Visits, please confirm that you entrust Sam with keys and access to your property for the dates agreed in order to care for your pets while you are away. The keys will be returned to you as soon as possible after you confirm your return home, as the animals remain Sam’s responsibility until you have physically returned to resume their care.

Yes, I understand:

Does your pet have any recent, chronic or recurring medical conditions? Y/N

Please detail below, or attach details, including any medication regimes complete with dosage amount and frequency:

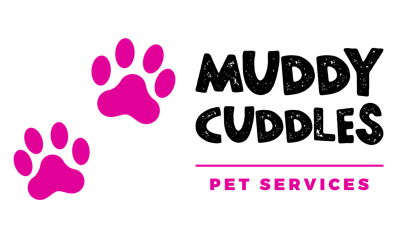
Does your pet have any particular dietary requirements or foods to avoid? Y/N

Do you consent to promotional photographs and videos being taken, stored, and used in future publications and/or online?

Yes

No

Your pet may be referred to by first name only. Sometimes a full body view cannot be avoided, but you as owner will not be identified or identifiable.

****

IMPORTANT - PLEASE READ THEN SIGN & DATE BELOW:

I hereby declare that I wish to leave my pet(s) in the care of Muddy Cuddles (Samantha Wheeler) as holiday boarding/holiday cover clients. I trust that my pets will receive the best care possible and will have their needs met. I understand that animals can fall ill with little to no warning, and should such a situation occur, Sam will seek immediate attention and do all that is possible to aid a full recovery. I understand also that pets of any age, particularly those who are older (4+ years) or have a history of illness, can experience sudden death - as is the case with any living being. I understand that Sam will contact me at the earliest opportunity to inform me if such an event should occur. In my absence I consent to Sam undertaking full authority for my pet(s) care should medical intervention be deemed necessary.

I agree and understand that:

Sam will seek the advice and/or assistance of veterinary professionals if deemed necessary for my pet(s) health; any beneficial medications or supplements may be administered under the guidelines of any veterinarian involved with my pets(s) care; any outstanding fees owed to any veterinary professional will be paid in full to Sam on collection of the pet(s). A receipt will be provided to evidence cost and confirm payment; all efforts will be made to contact me prior to and following any necessary illness, or death, of my pet(s). I confirm that all the above, and any other possible situations that may arise relating to my pet(s), has been explained to me and I wilfully entrust my pet(s) to Sam’s care.

I have provided all information requested and I am happy that anything not covered by the written details on this booking in form have been covered in further discussions with Sam prior to, or at the time of, leaving my pet(s) in Sam’s care. I am aware of the holiday boarding charges and agree to pay the final bill in full.

I agree:

Print your FULL NAME and TODAY'S DATE to sign your Booking In Form.