



# Kelly's Paw Pals



## Small Pet Feeding Client Permission & Information Form

### Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

### Pet/s Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Type of Animal/ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Micro chipped: Yes/No

Insurance: Yes/No

Relevant Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Service Details

Agreed Rate: £     per visit

Keys / Alarm: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Feeding Details

Food: \_\_\_\_\_

\_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

### Vet Details

Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### Further Information

Indoor or Outdoor Pet: \_\_\_\_\_

Cat Flap locking device on collar?: Yes / No

Treats: \_\_\_\_\_

Behavioural Issues: \_\_\_\_\_

\_\_\_\_\_

If your Pet/s become poorly in your absence, do you wish to be informed or wait until your return:

Informed immediately / Await return

### Authorisation

I give Kelly's Paw Pals permission to feed my pet/s.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_