

Pet Sitting Booking Form

Owner Information

Name: Mr/Mr	s/Miss First Name:		Surname:				
Address:				Postcode:			
Home Phone:		Wor	k Phone:				
Mobile Phone	:	Ema	il:				
Emergency Contact Name:							
Booking Detai	<u>ils</u>						
Arrival Date: .			Arrival Time:				
Return Date: .			Departure Time	2:			
Client's Return Time to Home on Return Date:							
Pet Information							
Pet Name:		Breed:		. DOB:			
Sex: M/F	Chipped: Y/N	Size: Small/Medium/L	.arge :	Spayed/Castrated			
Pet Name:		Breed:	•••••	DOB:			
Sex: M/F	Chipped: Y/N	Size: Small/Medium/L	.arge :	Spayed/Castrated			
Pet Name:		Breed:		DOB:			
Sav. M/F	Chinned: V/N	Size: Small/Medium/I	arge	Snaved/Castrated			

<u>Veterinary Information</u>						
Name of Veterinary Surgeon:						
Address of Practice:						
Telephone Number:						
Do you have pet insurance?						
Please give details of any known health conditions:						
Does medication need administering: Y / N						
If yes, please fill in the separate Medication Permission Form.						
Feeding						
Time of Feed:						
Type and Quantity of food to be provided:						
Are your pets allowed treats/titbits?						
Do your pets have any known allergies?: Y / N						
If YES, please give details:						
Describe your dog's level of obedience, and any unusual command words that you dog respond to:						
How does your dog behave towards other dogs or strangers?						
Does your dog have any particular fears when out walking, such as loud noises or traffic etc?						
Where does your pet/s usually sleep? Hall, Lounge, etc.						
Location of lead / harness:						
Is there anything else you feel we should be made aware of regarding your pet's needs, preferences or behaviour?						

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?							

Home Information

Please ensure you fill out the separate Home Security & Information sheet with your pet sitter so they are aware of any security alarm or camera instructions and emergency information about gas, electricity and water services.

This form will also enable you to discuss other requirements such as plant care and rubbish / recycling instructions.

We would be grateful if you could take note of the check list you will be provided with before you depart to ensure everything runs smoothly in your absence.