



07440 040 196

Booking Form

contact@playfulpawspetcare.co.uk

### Owner Information

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

Address: .....  
.....

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

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

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

### Service Required

Dog Walk ☐

Drop In ☐

Pet Sitting ☐

Pet Taxi ☐

### Visiting Information

Start Date: ..... End Date: ..... Until Further Notice Y/N

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time of Visit							
Walk Duration (if applicable)							
Pet Taxi Details							

### Pet Information

Pet name	Breed	Age	Sex	Chipped?	ID Tag worn?	Neutered?
			M / F	Y / N	Y / N	Y / N
			M / F	Y / N	Y / N	Y / N
			M / F	Y / N	Y / N	Y / N

## General

1. How did you hear about Playful Paws Pet Care? .....
2. I give consent for a picture of my pet to be placed on the website of Playful Paws Pet Care and its associated social media accounts (no identifiable information will be added)

☐ I agree

☐ I disagree

☐ Not applicable

## Dog Walking

Location of lead/harness: .....

Does your dog have any treats during or after walks? .....

How does your dog behave towards other dogs or strangers?

.....  
.....

What commands/ phrases do you use for your dog?

.....  
.....

Does your dog have any fears, such as loud noises or traffic?

.....  
.....

How is your dog in the car?.....

1. I give my consent for my dog to be walked with other dogs not from the same household. (No more than 4 dogs are permitted to be walked together at one time). Dogs will be familiarised with each other beforehand.

☐ I agree

☐ I disagree

☐ Not applicable

2. I give my consent for my dog to be let off the lead (an off-lead disclaimer is also required).

☐ I agree

☐ I disagree

☐ Not applicable

## Drop Ins / Pet Sitting

### Feeding

Time of feed.....

Type and Quantity of Food to be provided.....

Is your pet possessive over food? Y / N

Is your pet allowed treats?.....

Does your pet have any known allergies to food / treats?.....

If so, please give details.....

### Behaviours

Where does your pet live (e.g. inside/garden)? .....

Are there any 'off limits' areas in the house? .....

Where does your pet normally sleep?.....

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### Pet Taxi Requirements

(Please advise of collection/ delivery locations and whether a return journey is required.)

Pick up address (if different).....

Destination address: .....

Please share any additional notes (i.e. travel temperament\ additional service requirements such as: someone to attend and report back on vet appointment etc.)

.....

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Is there anything else you feel we should be made aware of regarding your pet's needs, preferences or behaviour?

.....

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

Deposit taken £.....

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