

DOG BOARDING AGREEMENT FORM

NAME..... TEL..... MOB..... Email.....

Address
.....
.....
.....
.....

Dog name.....

Age.....

Breed.....

Sex.....

Spayed/Neutered.....

Dog name.....

Age.....

Breed.....

Sex.....

Spayed/Neutered.....

Dog name.....

Age.....

Breed.....

Sex.....

Spayed/Neutered.....

PLEASE NOTE THAT IT IS YOUR LEGAL OBLIGATION TO HAVE YOUR DOG WEAR A COLLAR & TAG. ALL DOGS LEFT IN OUR CARE *MUST* COMPLY WITH THIS REQUIREMENT.

FEEDING TIMES

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

FEEDING INSTRUCTIONS

IS YOUR DOG ON ANY MEDICATION? IF SO PLEASE SPECIFY AND GIVE INSTRUCTIONS

DOG INFORMATION

Does your dog have a collar?.....

Does your dog have any treats or toys?.....

Precautions (other animals, people).....

Are there any limitations for your dog inside and outside?.....

.....

How long does your dog get walked for?.....

VETERINARY AUTHORISATION DETAILS

VET'S NAME.....

ADDRESS.....

.....

TEL.....

To the veterinary surgery:

During my absence PAWPRINTS UK Registered Petsitter will be caring for my dog(s) and has my permission to transport them to your surgery for treatment. I authorise you to treat my dog(s) and will be responsible for payment to you either before my departure or on my return. Please file this form with my records.

I hereby give PAWPRINTS UK Registered Petsitter permission to transport my dog (s) to the above mentioned veterinary surgeon. I understand that PAWPRINTS UK assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and expense.

Client signature.....

Please provide three copies, one for each party.

DOG (S)) DETAILS

- Can the dog(s) be let off the lead during their walk?
- Is the dog(s) aggressive with other dogs?
- Can the dog(s) be aggressive with people?
- Is the dog allowed to play with sticks?
- Does the dog(s) attack livestock/cats etc?
- Is the dog(s) allowed treats?
- Does your dog have any favourite toys/games?.....

DOES YOUR DOG RESPOND TO ANY COMMANDS? IF SO PLEASE GIVE DETAILS BELOW:

*Please be aware that the petsitter will continue with other petminding duties during your dog's stay. Can the dog(s) be left for short periods?.....
After trial introductions, can the dog(s) be walked with other dogs?.....*

ADDITIONAL NOTES (i.e Belongings etc that will be left with the Companion)

IMPORTANT INFORMATION

- Emergency contact
- . *This should be someone who can make a decision about surgery or euthanasia.*
- In the event of surgery or euthanasia the Registered Petsitter will accept the advice of the veterinary surgeon, would you wish to be notified before your planned return?.....
- In the event of you not returning from your time away, have arrangements been made for the rehoming of your dog (s)?
- Insurance details
- Micro chip details
- Vaccinations
- Medical history

IN THE EVENT OF A FLEA OR WORM INFESTATION I WILL TREAT THE DOG AT YOUR EXPENSE

I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED DOG (S) AND THAT I AUTHORISE THE FOLLOWING REGISTERED NATIONAL PETSITTER):

PAWPRINTS UK

TO ACT AS GUARDIAN DURING MY ABSENCE AND TO TAKE ANY ACTION WHICH HE/SHE CONSIDERS SUITABLE IN ORDER TO PROTECT AND KEEP IN GOOD HEALTH THE ABOVE NAMED DOG (S). I DO FURTHER CONFIRM THAT I WILL BE RESPONSIBLE FOR ANY COSTS WHICH MIGHT BE INCURRED, EITHER VETERINARY OR OTHER, AS A RESULT OF ANY SICKNESS, ACCIDENT OR DAMAGE CAUSED TO OR BY THE ABOVE NAMED DOG (S). EXCEPT THIRD PARTY LIABILITY, AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND. I ALSO UNDERSTAND THAT NO LIABILITY WILL ATTACH TO THE ABOVE MENTIONED PETSITTER OR NATIONAL PETSITTERS.

RATE TO BE CHARGED FOR THE PERIOD..... TOTAL DUE NOW..... (please note that this is non refundable)

SIGNATURE: DATE: