

Valid for 1 year from
date of client's signature.

PURR-FECT PET SITTING
HOME BOARDING & DOG DAY CARE
CLIENT'S INFORMATION

Dog/dogs name/names:

Breed: Age:

Dog ☐ Neutered YES / NO Bitch ☐ Spayed YES / NO

Client Name:

Address:

Post code:.....

Telephone numbers:

E-mail

Pet's Insurance Company Name:

Policy no: Tel. No

Your Vet's name: Tel. No

Vet's address:

Vaccinations – *please supply copies of certificates*

Parvovirus ☐ Para influenza ☐ Leptosira Icterohaemorrhagiae ☐ Distemper ☐ YES / NO

Leptosira Canicola ☐ Adenovirus Type 2 ☐ Kennel cough: ☐

The dog/dogs' micro-chip number:

May Purr-fect Pet Sitting contact your vet if there are concerns about a dog? YES / NO

Consent for your dog/dogs to be boarded with resident and other dogs? YES / NO

Consent for your dog/dogs to be walked off the lead? YES / NO

Consent for your dog/dogs to be walked with other dogs off the lead? YES / NO

Consent for your dog/dogs to be exercised in the paddock off the lead? YES / NO

Consent for your dog/dogs to be exercised in the paddock with other dogs? YES / NO

Consent for your dog/dogs to sleep in an open space with other dogs? YES / NO

Consent for your dog/dogs to be fed with other dogs under supervision? YES / NO

Consent for chicken and/or fish to be added to your dog/dogs' meals? YES / NO

Consent for treats to be offered to your dog/dogs? (details of treats available) YES / NO

Consent for your dog/dogs to be crated YES / NO

Dogs must arrive with their own feed, bowls, bed and clean bedding.

Client signature: Date:.....

Valid until:

Purr-fect Pet Sitting Cuddle Cottage, Tanyard Lane, Huish Episcopi, Langport, TA10 9HH

Tel: 01458 253031

Mobile: 07919 373848

E-mail: janboard02@gmail.com or drees1946@gmail.com

PURR-FECT PET SITTING

HOME BOARDING & DOG DAY CARE

BOOKING FORM

Dog/dogs name/names:

Breed: Dog ☐ Bitch ☐

Services required: Boarding ☐ dog walking, ☐ other animal care:

Client Name:

Contact details while dog/dogs are in care

Contact's name:

Contact's telephone numbers:

Booked dates:

From: Arrival time:

To: Collection time:

Client information form completed? YES / NO

Dogs must be treated against worms and fleas before arrival.

Wormed date: Flea treatment date:

Last date of bitch's season:

Equipment provided:

Medication provided:

Preferred feeding and medication times:

Any details of special dietary needs for your dog/dogs? YES / NO

If YES, state needs:

Property keys handed over? YES / NO

Dogs must arrive with their own feed, bowls, bed and clean bedding.

Client's signature: Date.....

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