Montys Friends
Pet Visit Agreement Form

Customer Details Services Required

Pet details

Pet 1

Name:
Breed: **Colour:**
Sex: M/F **Age:**
Spayed/Neutered: Y/N

Pet 2

Name:
Breed: **Colour:**
Sex: M/F **Age:**
Spayed/Neutered: Y/N

Name:
Address:

Tel:
Mobile:
Email:

Is your pet vaccinated? Yes / No

Record Provided Date: Yes / No

Does your pet have a collar with ID tag (if applicable). Yes / No

Is your pet micro chipped? (If applicable) This is a legal requirement for all dogs. Yes / No

Microchip number: Yes / No

Are there any limitations for your pet inside? If yes, please list what these may be: Yes / No

Are there any limitations for your pet outside? If yes, please list what these may be Yes / No

Does your pet have any treats or toys? Yes / No

Precautions (other animals, people) Yes / No

Does your pet respond to any specific commands? If yes, please list Yes / No

Food - Routine and Requirements/Brand and Type/Quantity and Frequency

Is there any further information regarding behaviour that we need to be aware of?

Payment & Cancellation Policy

A 50% non refundable deposit is required at the time of securing the dates for 'holiday' bookings. The final 50% is required by the date of the first visit.

For regular pet visits 72 hours notice is required for a cancellation in order to avoid charge. Where you have the same days each week these will be automatically booked so you will need to give us advance warning for cancellations to avoid charge.

Social Media

We have a facebook social media page where we regularly upload pictures of your pets. Do you consent to your pet featuring in these photos & updates? Yes/No

Emergency Contact Information
Name:
Contact Number:

Veterinary Information

Name:
Telephone:
Address:
Postcode:

To the Veterinary Surgery during my absence **Montys Friends** will be caring for my pet(s) and has my permission to transport them to your surgery for treatment. I authorise you to treat my pet(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 give further permission for them to transport my pet(s) to the above mentioned veterinary surgeon. I understand that **Montys Friends** assumes no responsibility for the loss of the pet(s) and is released from all liability related to transportation, treatment and expense.

Client Declaration and Signature

I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED PET(S)I AUTHORISE **Montys Friends** TO ACT AS GUARDIAN DURING MY ABSENCE AND TO TAKE ANY ACTION WHICH WE CONSIDER SUITABLE IN ORDER TO PROTECT AND KEEP IN GOOD HEALTH THE ABOVE NAMED PET(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 PET(S). EXCEPT THIRD PARTY LIABILITY, AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES. I ALSO UNDERSTAND THAT NO LIABILITY WILL ATTACH TO THE ABOVE MENTIONED PETSITTER AND BY SIGNING THIS DECLARATION I AGREE TO THE TERMS AND CONDITIONS OF GROWLS & MEOWS

Client Signature:

Name: Date: