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| **Section 1 - About You** |  |
| Date(s) Day Visit Service required |  |
| Service required  (1 Visit per day or 2 Visits per day) |  |
| First Name |  |
| Last Name |  |
| Address |  |
| Post Code |  |
| Contact Telephone Number |  |
| Email Address |  |

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| **Section 2 - About Your Pet(s)** |  |
| Name |  |
| Type of Pet |  |
| Breed |  |
| Description |  |
| Age |  |
| Male / Female |  |
| Neutered / Spayed |  |
| Mircochipped |  |
| Microchip number |  |
| Date of last vaccination |  |

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| **Section 3 - Details of your pets needs** |  |
| Location of food and food bowls |  |
| Feeding instructions |  |
| Usual feeding times |  |
| Is your pet contained to any specific rooms or do they have run of the house |  |
| Does your pet live in a cage or hutch |  |

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| Will your pets cage need to be cleaned |  |
| Does your pet use a litter tray |  |
| Location of cleaning products and replacement supplies |  |
| Please advise how any waste should be disposed of |  |
| Please give details of your pets favourite toys or games |  |
| Will your pet need grooming |  |
| Location of grooming equipment |  |
| Does your pet need any medication administered |  |
| If yes - Please give full details on the medication required, and instructions on how to administer |  |
| Please give details of any other requirements your pet has, anything else you need us to do for them, and how we can help them to make them feel as comfortable as possible while we visit |  |

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| **Section 4 – About Your Property** |  |
| Will someone be able to grant access to the property |  |
| Will you be happy to sign over keys |  |
| Can keys be left with a neighbour |  |
| ***Note: Instructions for entering property and details of how to use any additional security measures will be discussed in person - These details will be stored securely and with no link to you or your home*** |  |

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| **Section 5 - In case of Emergency** |  |
| Location of Gas shut off switch |  |
| Location of water shut off switch |  |
| Location of circuit breaker |  |
| Name and address of vet |  |
| Emergency contact name and phone number |  |

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| **Section 6 - Additional Information** |  |
| Please provide details of any extra information which may be useful to us while your pet in our care |  |