

CONTRACT

(1 of 4)

CLIENT NAME:			
ADDRESS:			
TEL:			
CLIENTS SIGNATURE:			
PET NAME:			
BREED:			
AGE:	COLOUR:		
SEX:	NEUTERED: YES / NO		
FOOD & FEEDING PLAN:			



CONTRACT

(2 of 4)

Does the dog walk well on the lead?
Can the dog be walked with other dogs?
Is the dog aggressive with other dogs/people?
Has the dog shown signs of food aggression/possessiveness?
Does the dog live with children?
Does the dog have a history of escaping from the garden?
In which room does the dog normally sleep at night?
Can the dog be left for short periods?
Does the dog have a crate?
Does the dog bark/howl at night?
Does the dog chew household items?
Is the dog fully house trained?
Does the dog travel well in the car?
Any other information



CONTRACT

(3 of 4)

TO THE VETERINARY	YSURGERY
CLIENT NAME:	
ADDRESS:	
TEL:	
PET NAME:	
Representative) will surgery for treatme for payment to you	ce if I am not contactable Happy Dogs Hotel (or their appointed be caring for my pet(s) and has my permission to transport them to your nt when required. I authorise you to treat my pet(s) and will be responsible as soon as possible on my return. to
surgery detailed b	bove named Pet sitter permission to transport my pet(s) to the veterinary below. I understand that the above named Pet sitter assumes no e loss of the pet(s) and is released from all liability related to transportation, nses.
VET NAME:	
ADDRESS:	
TEL:	
VET SIGNATURE:	



CONTRACT

(4 of 4)

BELONGINGS PROVIDED WITH YOUR	R DOG	
Vaccination certificates provided:	Yes / No	
Date of last flea/tick treatment:		
Veterinary treatment:		
Start Date:		
End Date:		
Deposit Due: £		
I hereby confirm that I am the owner of the above named dog(s) and that I authorise Happy Dogs Hotel (or their named approved carers) to act as guardian during my absence and to take any action which he/she considers appropriate 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 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 wi	II be attached to the above mentioned Pet sitter.	
Signature:		
Date:		