Page **1** of **2** 

## **Absolute Pet-Care: Pet Information**

## **Absolute Pet-Care: Pet Information Form**

Pet Name:		S	ex/Netured:	Species/Breed:		
DOB:			Microchip: Y	N <b></b>		
Vets: Do you want us to use your own vets? Y □ N □ (you will be billed at 45p per mile for transport)						
Vets Details:						
In Emergency Situations we will contact you/EC.						
At our discretion we may use our own vet (Domestic Pets: Poole House Veterinary Hospital or Exotics: Taylor and Marshall) It is understood that these vets can contact your vet to request any information they need to treat your pet and that you will be responsible for the cost of any treatment, unless it was caused by our negligence.						
24				Y 🗖	N D	
Vaccinations and additional information:						
Vaccinations and addit	ional in	formation		1		
Vaccinations and addit Vaccination:	ional in	formation	: Date done:			
Vaccination:	Y□	N□	Date done:	Date:		
Vaccination: Kennel Cough	YO YO	NO NO	Date done: Date done:	Date: Date:		
Vaccination: Kennel Cough Flea/Tick	YO YO YO	NO NO	Date done:  Date done:  Brand:		100	
Vaccination: Kennel Cough Flea/Tick Worm Insured	YO YO YO YO		Date done:  Date done:  Brand:  Brand:  Information:		insurance is still	
Vaccination: Kennel Cough Flea/Tick Worm Insured Permission: I have infor	YO YO YO YO Tmed my	NO NO NO NO y insurance	Date done:  Date done:  Brand:  Brand:  Information:  e that my pet will be staying	Date:	insurance is still	

Ref Number: 15/0002

## **Absolute Pet-Care: Pet Information**

Food:	Feeding Routine:				
Personality:					
Behaviour:					
Training/Commands:					
Activity Levels:	Walks:	House Trained:			
Favourite Toy:	Favourite Treat:	Favourite Game:			
Friendly with: Adults Childr	en□ Cats□ Dogs□	Rabbits			
Relevant information:					
The Information provided on this form is correct at date of signing, if any changes occur we will inform Absolute Pet-Care at the earliest possibility.					
OFF LEAD DISCLAIMER: I have given permission for Absolute Pet-Care to walk my dog off lead: Y □ N □					
Customer Name:	Date:				
Signature:					

Ref Number: 15/0002

Absolute Pet-Care: (Insert Pet Name) (Insert Customers Name)