## Absolute Pet－Care：Pet Information Form

Pet Name：
Sex／Netured：
Species／Breed：


Vets：Do you want us to use your own vets？Y $\square \mathrm{N} \square$（you will be billed at 45 p 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．

Vaccinations and additional information：

| Vaccination： | Yロ | NQ | Date done： |  |
| :--- | :--- | :--- | :--- | :--- |
| Kennel Cough | $\mathrm{Y} \square$ | $\mathrm{N} \square$ | Date done： | Date： |
| Flea／Tick | $\mathrm{Y} \square$ | ND | Brand： | Date： |
| Worm | $\mathrm{Y} \square$ | NQ | Brand： |  |
| Insured | $\mathrm{Y} \square$ | NQ | Information： |  |

Permission：I have informed my insurance that my pet will be staying with Absolute Pet－Care，my insurance is still valid：

| Medication： | $\mathrm{Y} \square$ | $\mathrm{N} \square$ | If yes please complete the medication form |
| :--- | :--- | :--- | :--- |
| Health Issues | $\mathrm{Y} \square$ | $\mathrm{N} \square$ | If yes please complete the medication form |

## Absolute Pet-Care: Pet Information



Feeding Routine:

Personality:

Behaviour:

Training/Commands:


Friendly with: Adults $\square$ Children $\square$ Cats $\square$ Dogs $\square \quad$ Rabbits $\square$

Relevant information:

The Information provided on this form is correct at date of signing, if any changes occur we will inform Absolute PetCare at the earliest possibility.

OFF LEAD DISCLAIMER: I have given permission for Absolute Pet-Care to walk my dog off lead: Y $\square \mathrm{N}$

Customer Name:
Date:

Signature:
Absolute Pet-Care: (
) (
)
Ref Number:

