

Absolute Pet-Care: Pet Information Form

Pet Name:	Species:	Breed:
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DOB:	Microchip:    Y <input type="checkbox"/> N <input type="checkbox"/>
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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 you pet and that you will be responsible for the cost of any treatment, unless it was caused by our negligence.

Y             N

**Vaccinations and additional information:**

Vaccination:	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date done:	
Kennel Cough	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date done:	
Flea/Tick	Y <input type="checkbox"/>	N <input type="checkbox"/>	Brand:	Date:
Worm	Y <input type="checkbox"/>	N <input type="checkbox"/>	Brand:	Date:
Insured	Y <input type="checkbox"/>	N <input type="checkbox"/>	Information:	

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

Medication:	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes please complete the medication form
Health Issues	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes please complete the medication form

Absolute Pet-Care: Pet Information

Food:	Feeding Routine:
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Personality:

Behaviour:

Training/Commands:

Activity Levels:	Walks:	House Trained:
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Favourite Toy:	Favourite Treat:	Favourite Game:
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Friendly with: Adults  Children  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:

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

Ref Number: 15/0002