**Braw Pets House Sitting Booking Form**

**Owner Information**

Name: Mr/Mrs/Miss First Name: ............................................. Surname: ...................................................

Address: ................................................................................................................... Postcode:.....................

Home Phone: ............................................................... Work Phone: ...........................................................

Mobile Phone: ............................................................. Email: ......................................................................

Emergency Contact Name: ......................................... Telephone: ...............................................................

**Booking Details**

Arrival Date: ............................................................... Arrival Time: ....................................................

Return Date: .......................................................... Return Time: ....................................................

**Pet Information (not all of these questions will be relevant to your particular pet breed/ please note specialised care required)**

Name: ................................................... Breed: ...................................... DOB: ............................

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Spayed/Castrated..................... Vaccinated Y/N

Name: ................................................... Breed: ...................................... DOB: ............................

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Spayed/Castrated..................... Vaccinated Y/N

Name: ................................................... Breed: ...................................... DOB: ............................

Sex: M/F Chipped: Y/N Size: Small/Medium/Large Spayed/Castrated..................... Vaccinated Y/N

**Veterinary Information**

Name of Veterinary Surgeon: .........................................................................................................................

Address of Practice: ........................................................................................................................................

Telephone Number: .......................................................................................................................................

Do you have pet insurance?......................................

Please give details of poor health and medication: ......................................................................................

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**Feeding**

Time of Feed: ...................................... .......................................... .............................................

Type and Quantity of food to be provided: ...................................................................................................

Is your pet possessive over food? Y/N Is your pet allowed treats/titbits?..........................................

**Describe your pet’s level of obedience, and any unusual command words that you pet responds to:**

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Where does your pet usually sleep? Hall, Lounge, etc. .....................................................................................

Has your pet to get access to the outside area? Y/N. When?.................................For how long?...........................

**IS YOUR PET LIKELY TO**

**(Please circle the appropriate answer)**

JUMP ONTO FURNITURE? OFTEN OCCASIONALLY NEVER

JUMP UP AT PEOPLE? OFTEN OCCASIONALLY NEVER

BARK? OFTEN OCCASIONALLY NEVER

WHINE? OFTEN OCCASIONALLY NEVER

CHEW FURNITURE? OFTEN OCCASIONALLY NEVER

FIGHT WITH OTHER ANIMALS? OFTEN OCCASIONALLY NEVER

SCRATCH AT CARPETS OR DOORS? OFTEN OCCASIONALLY NEVER

DOES YOUR PET MESS OR URINATE IN THE HOME? ........................................................................................

DOES YOUR PET CHEW OTHER THINGS? e.g. Pens, Paper, Small objects .......................................................

IS YOUR PET POSSESSIVE OR PROTECTIVE OVER FOOD, TOYS, CHEWS, COLLAR etc? ........................................................................................................................................................................................................................................................................................................................................................

**Please give details of any other information that would be relevant or useful to Braw Pets:**

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I agree to pay £..................... per day as discussed and have agreed to the policies and procedures.

**Signed:** ................................................................... **Date:** ................................................................................

Do you give your permission for your pets photographs do be used on Braw Pets social media/ website Y/N

I agree, as the client, that the information given above to Braw Pets Pet Care is accurate

Pet Owners Signature:………………………………………………………………….Date…………………………………………..