



Visiting Contract

Owners Name: _____

Address: _____

Postcode: _____ Email: _____

Telephone: _____ Mobile: _____

Emergency Contact Details

Should we not be able to contact you, please list a person who can make a decision concerning your pet and property in your absence. This could mean a decision regarding medical treatment such as emergency or euthanasia. Please ensure your named person knows that you have nominated them.

Name: _____ Relationship: _____

Telephone: _____ Mobile: _____

Pet Details

Pets name: _____

Type of pet: _____ Breed: _____

Age: _____ Gender: _____

Is your pet:

Neutered yes (please tick)

Microchipped yes (please tick)

Insured yes (please tick)

What are the main requirements of our visits?

Pet / home information

Food location: _____

Amount given each visit: _____

Does the pet have any treats and if so how much:

Bedding/Straw/Hay/Cat litter/Grooming brushes location:

Bin bags/Dustpan/Brush/Vacuum cleaner location:

Does your pet live outside or inside (please tick)

Favourite hiding places: _____

Words or cue used to call pet: _____

Does your pet like to be handled (yes) or (No) (please tick)

Anything your pet is worried by or dislikes:

Where you would like post and deliveries put:

Plants would like watered: _____

Curtains opened or closed (please tick)

Lights on or off (please tick)

Bin collection day: _____

If you have a cat does it have access to a cat flap: (yes)

If yes, please fill out a 'Cat flap disclaimer' form.

Further information:

Veterinary Authorisation

Vets Name: _____ Telephone: _____

Address: _____

Any past injuries, illnesses or symptoms: _____

If your pets need daily medication please fill out a 'Permission to Administer Medicine' form.

During my absence, I have given permission for **Pawfect Kitty Sitter** To act as a guardian for my pets named above, I authorise the above Vets to treat my pets in case of any illness. I will be responsible for any vets charges that may be incurred.

Please take any action suitable in order to keep my pets in good health. I give the pet carer permission to transport the above pets to the vets. I agree that in the event of surgery or euthanasia the pet sitter will accept the advice of the vet and the above emergency contact will be contacted.

This authority is valid for this and future booking made with **Pawfect Kitty Sitter**.

Client Signature: _____ Date: _____



Visiting Contract

Property Security

Neighbours have been informed that we will be caring for your pet: (yes) or (No) (please tick)

All visitors must sign a Visitors Log when entering your property while you are away. (eg painters, cleaners, builders).

No liability can be attached to Pawfect Kitty Sitter if a third party shares access to your property or pets.

Keys

Keys can be dropped in and collected from Pawfect Kitty Sitter, or we can arrange to collect them (There will be a small charge for this service)

All visitors must sign a Visitors Log when entering your property while you are away. (eg painters, cleaners, builders).

No liability can be attached to Pawfect Kitty Sitter if a third party shares access to your property or pets.

I have released a set of house keys: _____

Front Door Back Door (please tick)

I authorise 'Pawfect Kitty Sitter' any action that they consider suitable in order to protect and keep my pet in good health.

I confirm that i will be responsible for any costs which might be incurred, either veterinary or other, as a result of any sickness, accident or damage caused to or by the above named pet(s), excepting third party liability, and that i will pay any such costs or expenses on demand.

I also understand that no liability will attach to the pet sitter. I will inform Pawfect Kitty Sitter of any change in circumstances or if any information in this contract changes.

Client Signature: _____ Date: _____

Client Name: _____

Pet Sitter Signature: _____ Date: _____

Pet Sitter name: _____

Pawfect Kitty Sitter is fully insured

Outside Access Disclaimer (Cat Flaps)

Although it is safer to keep cats indoors during their owners absence we appreciate that it is not for everyone and as you are aware of the risks, we will care for your cat(s) while they have access to a cat flap.

Pawfect Kitty Sitter cannot be held responsible for any loss of pets who have access to an open cat flap.

In the event of your pet going missing, we will continue to provide care visits for your cats until your return.

We will notify your Emergency Contact, your vet and the relevant authorities that your pet is missing from home.

This Authority is valid for this and any future booking I make with Pawfect Kitty Sitter.

I agree that Pawfect Kitty Sitter cannot be held liable for the loss of my cat(s) while they have access to an unlocked cat flap.

Client Signature: _____ Date: _____

Client Name: _____

Permission To Administer Medicine

Pets name: _____

Medicine Name: _____ How Administered: _____

Dose: _____ How many times a day: _____

Times to administer medicine: (This should be within a two hour window because of the possibility of delay).

AM: _____ PM: _____ Other times: _____

Please leave the complete container and instructions as printed on them by the VET to eliminate error.

Where is the medicine located: _____

Vets Contact Details: _____

Client Signature: _____ Date: _____

Client Name: _____

07485 427280