



# 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: \_\_\_\_\_



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## 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: \_\_\_\_\_

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