



## Chaos Dad Pet Services Booking Form

If you require help or clarification with any questions in the booking form, please contact us on 07967 151657.

### Your Contact Details

Title (Dr/Mr/Mrs/Miss): ..... First Name: ..... Surname: .....  
Your address: .....  
..... Postcode: .....  
Phone (HOME): ..... (WORK): ..... (MOBILE): .....  
Email: .....

### Emergency Contact Details

Title (Dr/Mr/Mrs/Miss): ..... First Name: ..... Surname: .....  
Your address: .....  
..... Postcode: .....  
Phone (Home): ..... (Work): ..... (Mobile): .....  
Email: .....

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### About Your Pet

Pet Name: ..... Breed: .....  
DOB: ..... Microchip No: .....  
Sex? Male / Female (Delete as applicable)      Neutered? Yes / No (Delete as applicable)  
If not neutered and female, date next in season: .....

### Other Pets From Same Household (if applicable)

Pet Name: ..... Breed: .....  
DOB: ..... Microchip No: .....  
Sex? Male / Female (Delete as applicable)      Neutered? Yes / No (Delete as applicable)  
If not neutered and female, date next in season: .....

### Vet Details

Veterinary Surgeon: .....

Practice Address: .....

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

Out of Hours Telephone Number: .....

### Insurance Details

Insurance Company Name: .....

Policy No: ..... Website: .....

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

### Health & Medication

Health and medication details (including restrictions on exercise) .....

.....

.....

### Pet Care

Feeding time: ..... Treats time: .....

Type of food: ..... Type of treats: .....

.....

.....

Where does the Pet usually sleep? .....

Please let us know of any special arrangements for your pets, sleep and rest e.g. blankets and toys:

.....

.....

Toys and games your pet enjoys: .....

Level of obedience and command words that your pet responds to: .....

.....

### Parasite Treatment

If there is evidence of external parasites on my pet during their stay (i.e. fleas, ticks, lice, etc) I give my consent for my pet to be treated with an appropriate product authorised by the Veterinary Medicines Directorate and licensed for used in the UK.

Treatment will be discussed with a veterinarian before administering:

I agree  I disagree (Tick as applicable)

### Off-Lead Walking Permission

I, the below named client, give the Service Provider permission to walk my dog off its lead during any walk undertaken during my absence. I understand the potential consequences that could occur to my dog or to other dogs if walking my dog off the lead while in the care of the Service Provider. I agree to release The Service Provider from all liability including its members, agents, managers, and employees should my dog become lost, injured, or otherwise harmed which may result in my dog being walked off the lead.

The Service Provider agrees to exercise all reasonable and due care to prevent injury or death to my dog off the lead, However, in the event of injury/death, except those caused by reckless acts on the part of The Service Provider, the Service Provider will not be held liable for such injury/death of my dog because of off-lead walking.

I freely and voluntarily enter this contract of permission with the Service Provider and fully understand the above conditions. This permission can be part of the Service Agreement but cannot replace the

### Service Agreement in part or in full. I have read the Service Agreement:

Full name:.....

Signature:..... Date:.....

### Service Provider

Full name:.....

Signature:..... Date:.....

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### Veterinary Release Agreement

During my absence,..... will be caring for my pet(s).

In the event of an emergency, I authorise you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian) upon my return.

I..... give..... permission to transport my pet(s) to the above veterinarian and authorise treatment in the event of an emergency or sickness.

If this veterinarian is not available, I authorise ..... to transport my pet(s) to a veterinarian of choice and authorise treatment. If emergency care is needed after regular office hours, my pet(s) will be taken to the nearest Veterinarian Emergency Clinic/Hospital.



**Key Release**

I, ..... (herein after referred to as "client"), agrees to give

.....

(herein after referred to as "the Service Provider") a key to my home located at: .....

.....

I, will safeguard the Client's key(s) in a manner consistent with that of the professional pet/home service industry, which includes tagging, coding, and storing of key(s) in a manner that offers reasonable protection to Client in the event of loss or theft of key(s).

**Key Return**

The Service Provider will only return key(s) to the Client or Client's representative.

If the Client is not available, the Client authorises ..... to accept the key(s).

Signature: ..... Date: .....

Print Name: .....

Unless ..... has been authorised to keep your key(s), you will be required to sign and date a new Key Release form upon every service requiring key(s) to your home.