

NUTS ABOUTS MUTS

THE COMPLETE PROFESSIONAL DOG SERVICE

DAY CARE INFORMATION SHEET

OWNER'S DETAILS

NAME

ADDRESS

.....

HOME NUMBER

MOBILE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT DETAILS

.....

PET'S DETAILS

NAME

BREED

SEX

DOB

INSURANCE DETAILS

MICROCHIP NUMBER

MEDICAL CONDITIONS

VET'S DETAILS

NAME

ADDRESS

.....

PHONE NUMBER

AGREEMENT

COST PER DAY

DAYS /TIMES AGREED

.....

DOES YOUR DOG HAVE A RELIABLE RECALL Y / N

IS YOUR DOG GOOD WITH OTHER DOGS Y / N

CATS Y / N

LIVESTOCK/HORSES Y / N

ADULTS Y / N

CHILDREN Y / N

DO YOU AUTHORISE 'OFF LEAD' EXERCISE Y / N

ANYTHING ELSE YOU WANT TO SHARE

.....

I hereby consent to the following Terms and Conditions

I authorise Neil Smith and Margot Smith to act on my behalf, whilst the dog(s) are in their care and will agree to reimburse all costs incurred for veterinary treatment obtained during the visit. These costs will be due, in full, on collection of my dog. Any unreasonable or excessive damage caused by my dog during their stay will be paid for, in full, on collection of my dog. I authorise my dog to be socialised & exercised with other dogs during their stay and accept full responsibility for the risks involved.

Owners Signature

Date