Client information

| **Your full name** |  |
| --- | --- |
| **Your address, including postcode** |  |
| **Contact telephone number** |  |
| **Mobile telephone number** (if different from above) |  |
| **Secondary owner (if applicable) - their full name**(by providing details of this person, you are permitting them to make care decisions about your pet in your absence) |  |
| **Secondary contact person - mobile telephone number** |  |
| **Alternative emergency contact - their full name**(only for when neither you nor the secondary contact can be reached) |  |
| **Alternative emergency contact - mobile telephone number** |  |
| **If services are required whilst away on holiday (UK or abroad), please provide the name of the hotel/accommodation you will be staying at** (for emergency contact only) |  |
| **Please sign and date:** |  |

Please note that the contact procedure will follow the below order:

1. Main contact mobile phone number
2. Main contact alternative phone number
3. Secondary owner mobile phone number
4. Emergency contact mobile phone number

**Privacy Notice**

To see how we process and store your data, please visit our website: [www.animal-house.uk/privacy-policy](http://www.animal-house.uk/privacy-policy)

Pet information

Please complete a separate pet information form for each pet a service is required for.

| **Pet’s name** |  |
| --- | --- |
| **Type of animal** (e.g. dog, cat, reptile, fish etc.) |  |
| **Breed** |  |
| **Date of Birth (or rough age if unknown)** |  |
| **Gender** |  |
| **Have they been spayed/neutered?**  |  |
| **Weight** (estimate if unknown) |  |
| **For dogs, are they walked on a collar or body harness?** |  |
| **Health** |
| **Please list all known medical conditions** |  |
| **Please provide details of any medication required, including dosage, how to administer the medication and timings** |  |
| **Are your pet’s vaccinations up to date?** |  |
| **Are your pet’s flea and worming treatments up to date (if applicable)?** |  |
| **For dog walking, what instructions should we follow for extreme heat/cold?** |  |
| **Feeding instructions**Please leave blank if feeding is not a required service. |
| **What food are they fed?** (e.g. wet, dry, raw, mixed etc.) |  |
| **How much and how often are they fed? Please indicate usual feeding times/routine.** |  |
| **Are there any food allergies? If so, please provide details.** |  |
| **Behaviour** |
| **How does your pet respond to new people?** (e.g. happy, fearful, territorial, timid) |  |
| **How does your pet respond to other animals?** (e.g. for dogs, how do they respond to other dogs, cats etc.) |  |
| **For dogs only, is your dog able to confidently walk off-lead - are they known to chase wildlife or not return on command?** |  |
| **Has your pet ever bitten a person or another animal? If yes, please provide details.** |  |
| **For dogs only, do they require a muzzle for walks? If yes, please provide one.** |  |
| **Has your pet ever received any formal behaviour training? If yes, please provide details.** |  |
| **What commands/phrases does your pet respond to? Please detail the action/response and command/phrase used** (e.g. wait/stay for stopping, drop/leave it for letting go of something) |  |
| **Is your pet possessive around food/water, toys, or possessions? If yes, please provide details.** |  |
| **How would you describe your pet’s personality?** |  |
| **Is there anything else about your pet’s behaviour that would be useful for us to be aware of?** |  |
| **Location information**Please mark any questions that are not relevant to your required service with NA |
| **For dog walking or unaccompanied pet taxi services, where should your pet be left on their return home?** (e.g. a particular room, in their cage, allowed to roam) |  |
| **Are there any areas/spaces your pet likes to hide? If so, where, and what methods coax them most effectively from their hiding place?** |  |
| **For dogs, where are their leads/collars/harnesses/muzzle kept?** |  |
| **Where is their food kept and stored after opening (if applicable)?** |  |
| **Where are cleaning materials kept?** |  |
| **Where should your pet's waste be disposed of?** If there are different locations for food, toilet, general rubbish, please indicate for each. |  |
| **Please use this space for any other information that would be useful for us when caring for your pet.** |
|  |
| **Please sign and date** |  |

Home information form

Please complete this form if we will be required to access your property to care for your pet in your absence. If you will be home to meet us, you do not need to complete this form.

| **Are you providing us with a key to your property?** If yes, please indicate how many keys. |  |
| --- | --- |
| **Do you have a key safe box where your property key will be stored for us to access?** If yes, please provide the access code. |  |
| **Home security system information - please provide us with detailed instructions on how to deactivate and activate your home security system (if applicable), including:*** Location of the security system control panel
* Alarm code
* Operating instructions
* How long to input the code before the alarm sounds
* Who to contact if there are any issues**.**
 |  |
| **For flats:*** **Is there an access card needed?** If yes, please provide it to us.
* **Is there a concierge service?** If yes, what are the operating times? Please ensure you have provided them with our details for ease of access.
 |  |
| **Please sign and date** |  |

All keys, security codes and other security information about your property will be stored safely. Keys will be returned in person at the end of the service. This home information sheet and all data included on it will be destroyed safely at the end of the service.

Veterinary release form

This provides us with permission to authorise veterinary treatment for your pet if we cannot get hold of you, the secondary owner or emergency contact. Please complete a separate form for each pet.

This form will be presented to the veterinary clinic.

| **Pet’s name** |  |
| --- | --- |
| **Name of the veterinary clinic they are registered to** |  |
| **Vet clinic’s address** |  |
| **Business hours** |  |
| **Vet clinic’s contact phone number (during business hours)** |  |
| **Vet contact phone number for emergency outside of business hours - if this is provided by a different clinic, please also provide the clinic’s name and address** |  |

**Please complete the following release statement:**

In the event of an emergency, I understand that Animal House will attempt to contact me (the owner), the secondary owner or the emergency contact provided for the care of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (pet name). Should none of the contacts provided be reachable, I authorise Animal House to seek appropriate medical treatment through the veterinary clinic named above up to the amount of £\_\_\_\_\_.

I further agree to reimburse Animal House any consultation fees payable to the veterinary clinic required within 14 days of receipt detailing fees incurred.

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the registered owner of the pet named above.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_