**Pet Owner’s Information Sheet, Key Release**

**and Veterinary Authorisation for Home Visits**

**Please complete, sign and save this form. Then email the form to enquiries@fidofitdorset.co.uk**

|  |  |
| --- | --- |
| Date: | Name: |
| Telephone Number: | Mobile Number: |
| Email: | Address: |
| Second Contact Name: | Telephone Number: |
| Keys Given: Yes/No | Date of Return: |

**Visiting Times and Dates** (Please highlight or circle where applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| AMLUNCHTIMEPM | AMLUNCHTIMEPM | AMLUNCHTIMEPM | AMLUNCHTIMEPM | AMLUNCHTIMEPM | BY SPECIALARRANGEMENT ONLY (EXTRA CHARGES APPLY) | BY SPECIALARRANGEMENT ONLY (EXTRA CHARGES APPLY) |

**PET DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Pet Name:Pet Type:Age:Sex: | Pet Name:Pet Type:Age:Sex: | Pet Name:Pet Type:Age:Sex: | Pet Name:Pet Type:Age:Sex: |
| Where do you keep your pet? |  |  |  |  |
| Can your pet be handled? |  |  |  |  |
| Does your pet show any signs of aggression? |  |  |  |  |
| Where do you keep your pet’s food? |  |  |  |  |
| What food does your pet require? |  |  |  |  |
| How much food does your pet need? |  |  |  |  |
| Does your pet need to be put outside? |  |  |  |  |
| Does your pet’s livingarea need cleaning? |  |  |  |  |
| Does your pet have any favourite toy or games? |  |  |  |  |
| Is there anything else youthink I need to know |  |  |  |  |

**IMPORTANT INFORMATION**

|  |  |
| --- | --- |
| Emergency Contact One: | Telephone Number: |
| Emergency Contact Two: | Telephone Number: |
| Insurance Provider: |  |
| Is your pet currently taking any medication? | If so, please provide details if you require administration: |
| Allergies: |  |

**SECURITY**

Is your home alarmed?

If yes, please provide the code to allow access:

Do you have a key security box?

If yes, please provide the code to allow access:

**KEY RELEASE AUTHORISATION**

Will a key be given today?

Where would you like the key to be left following your dog’s walk (Please highlight or circle where applicable):

Security Box Posted back through letter box A key will be given for all future walks until further notice

**Client Name: Client Signature: Date:**

**PAYMENT DETAILS (Please highlight or circle where applicable):**

How will you be making payment: **Cash Bank Transfer**

When will payment be made? **Per Day Weekly Monthly**

**VETERINARY AUTHORISATION DETAILS**

|  |  |
| --- | --- |
| Vet’s Name: | Telephone Number: |
| Vet’s Address: |

**To the Veterinary Surgery:**

During my absence, FidoFit! will be caring for my pet(s) and has permission to transport them to your surgery for treatment. I authorise you to treat my pet(s) and I as the pet(s) owner will be responsible for payment to you, not FidoFit!

If the case of an emergency, if I cannot be reached, I hereby give FidoFit! permission to transport my dog to the

above-mentioned veterinary surgeon and make any decisions on treatments they feel need to be carried out without my permission. The walker shall act on my behalf to authorize any treatment excluding euthanasia. I give permission to approve treatment up to £1,000. I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

I understand that FidoFit! assumes no responsibility for the loss of the pet(s) and is released from all liability related to transportation, treatment and expense. This will all be paid for by me the pet owner.

**Client Name: Client Signature: Date:**

The information I have given in this application is true, correct and complete to the best of my knowledge. I have read and agree to abide by the terms and conditions received from FidoFit!

I understand that this form acts as permission to hold keys to my property which I have provided willingly. I hereby indemnify FidoFit! and their staff against any liability of any kind whatsoever arising from damage, loss, disappearance, injury or death to a pet either inside or outside of the home whilst in their care (also includes to any property). I also give FidoFit! permission to transport my dog.

I agree that I will make payment for all services provided at the end of each week unless agreed otherwise by FidoFit!

**Client Name: Client Signature: Date:**

**Upon completion please email the form to** **enquiries@fidofitdorset.co.uk****. Thank you.**