

## **BOOKING INFORMATION AND AGREEMENT SHEET**

Pets Name/s	Owners Name	
Address		
Contact Numbers & Email		
Alternative carer/keyholder		
Veterinary Practice & Vet		
Any relevant medical history		
Animal Type/Breed		
	Neutered/Speyed	
Any behavioural problems (people, dogs, bic	ycles, joggers, children cars etc	)
Food type and feeding regime	Any dietary constraints	
Medications and Dosage	Allergies	
Other notes. Include as much information		
Services required	Date from	to
I confirm that I am the owner of the above pets an cough and that they are up to date with flea and we I agree that Animal Antics and/or Pet Watch Guers should they have any concerns whatsoever or shou custody & control, including euthanasia. I also acknowledge that I may be liable for unforesetc) if necessary that I will pay any such costs or ex I confirm that I have read and agree with than imalantics.info	orming treatment. The sey has my authority to act or The sey has my authority to act o	n my behalf (without prejudice) whilst my pets are in their care, food/equipment, vetinary costs
Signature Pri	nt Name	Date