



Dog Services Agreement

Owner Information

Name:

Address:

Telephone No:

Emergency Contact Name.....

Emergency Tel no:

Your Dog(s)

Name: Breed: Age:

Sex: Spayed/Neutered: [Y] / [N]

2nd Dog

Name: Breed: Age:

Sex: Spayed/Neutered: [Y] / [N]

Services

What date would you like daycare to commence?.....

Which Paws Service do you require?

Paws Ultimate Adventure Retreat The VIP Package £30.00 per day-

Monday	Tuesday	Wednesday	Thursday	Friday

Paws Adventure Retreat package £22.00 per day -

Monday	Tuesday	Wednesday	Thursday	Friday

Paws ½ day Escapades £12.00 -

Monday	Tuesday	Wednesday	Thursday	Friday



Dog Information

Does your dog have a collar?.....

Does your dog have an identity tag?

Please make a note of your dog(s) current daily exercise:.....

Can your dog(s) be let off the lead during their walk? (*We only allow dogs off lead once we have worked with them & are both confident in their recall*)

Does your dog pull on the lead?.....

Does your dog chase other animals?.....

Does your dog have any treats?..... How often?

Does your dog have any toys?.....

Are your dog(s) aggressive with other dogs?

Does your dog(s) respond to any commands? If so, what commands.

Are there any behaviours that we should positively encourage/discourage?

Important Information

Insurance details

Microchip details

Vaccinations

Has your dog had Kennel cough intranasal?.....

Is your dog up to date with Flea / worming treatments?.....

Medical history



VETERINARY AUTHORISATION DETAILS

Vets Name:

Address:

.....

.....

Telephone No:

To the veterinary surgery:

During my absence Vicky Morgan & Keil Norton of Paws of Pangbourne will be caring for my dog(s) and has my permission to transport them to your surgery for treatment. I authorise you to treat my dog(s) and will be responsible for payment to you either before my departure or on my return. Please file this form with my records.

I hereby give Vicky Morgan & Keil Norton of Paws of Pangbourne permission to transport my dog (s) to the above mentioned veterinary surgeon. I understand that Vicky Morgan & Keil Norton of Paws of Pangbourne assumes no responsibility for the loss of the dog(s) and is released from all liability related to transportation, treatment and expense.

Client signature..... Vet signature.....

Please provide three copies, one for each party.

I hereby confirm that I am the owner of the above named dog(s) and that I authorize Paws of Pangbourne to act as guardian during my absence and to take any action he/she considers suitable in order to protect and keep in good health the above named dog(s).

I do further confirm that I will be responsible for any costs, which might be incurred, either veterinary or other, as a result of any sickness, accident or damage caused to or by the above named dog(s). Except third party liability, and that I will pay any such costs or expenses on demand. I also understand that no liability will be attached to the above mentioned petsitters & their company 'Paws of Pangbourne'.

Signature:

Date: