

BLACKBERRY BOARDING AGREEMENT FORM

Name Address
 Tel Mobile Email

Pet Name	Pet Name	Pet Name	Pet Name
Age	Age	Age	Age
Type/Breed	Type/Breed	Type/Breed	Type/Breed
Colour	Colour	Colour	Colour
Sex	Sex	Sex	Sex

We would encourage owners to bring some of their pet's personal things i.e. toys/favourite treats and other activities they enjoy as this helps to settle them and reduce stress.

VETERINARY AUTHORISATION DETAILS	<i>To the veterinary surgery:</i>
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Vets Name
 Address

 Telephone

During my absence Sharon Maw & Chris Latham will be caring for my pet(s) and has my permission to transport them to your surgery for treatment. I authorise you to treat my pet(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 Sharon Maw/Chris Latham permission to transport my pet (s) to the above-mentioned veterinary surgeon or nearest veterinary surgery. In a medical emergency I agree to the closest appropriate Veterinary practice being used. I understand that Sharon Maw/Chris Latham assumes no responsibility for the loss of the pet(s) and is released from all liability related to transportation, treatment and expense. These conditions also apply to all future bookings.

Client Signature (Required)

Vet Signature (Only Required if treatment is needed)

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Pet Information

Rabbits & Guinea Pigs – would you like your pet to spend time outside daily, in a run, weather permitting?

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Please note that if the pet is to have access to the garden that in the event of the pet going missing the Pet Boarder would notify the vet, ID chip, insurance and local police. Pets are always supervised when out in the garden in runs and are not left unattended.

FEEDING PLAN:

Please state brand of dried food used ie; Science Select, Burgess Excel, Harry Hamster, Gertie Guinea Pig etc. and types of fresh vegetables & fruit enjoyed on a regular basis.

ADDITIONAL NOTES;

Does your pet prefer a water bowl or bottle?

Important Information

Emergency Contact

This should be someone who can make a decision about surgery or euthanasia and advise what arrangements you would wish in the event of your pet dying.

In the event of surgery or euthanasia the Pet Boarder will accept the advice of the veterinary surgeon, would you wish to be notified before your planned return?

Yes	No
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In the event of you not returning from your time away, have arrangements been made for the re-homing of your pet (s)?

Insurance Details (If applicable)

Pet Plan Insurance Number

Is your pet neutered

Rabbit Vaccinations (please provide certificates for Myxomatosis and VHD)

Medical History

I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED PET (S) AND THAT I AUTHORISE THE FOLLOWING PET BOARDER *Sharon Maw and Chris Latham of Watership Down, 23 Rosedale Close, Hardwick, Glos, GL2 4JL* TO ACT AS GUARDIANS DURING MY ABSENCE AND TO TAKE ANY ACTION WHICH HE/SHE CONSIDERS SUITABLE IN ORDER TO PROTECT AND KEEP IN GOOD HEALTH THE ABOVE NAMED PET (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 PET(S). EXCEPT THIRD PARTY LIABILITY, AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND. I ALSO UNDERSTAND THAT NO LIABILITY WILL ATTACH TO THE ABOVE MENTIONED PETSITTERS OR NATIONAL PETSITTERS AND THESE CONDITIONS APPLY TO ANY FUTURE BOOKING

RATE TO BE CHARGED £

FROM

TO

TOTAL DUE NOW (25%)

Signature

Date