



## PET APPLICATION FORM

Pet Owner's Name:

Address:

Contact Number:

Email:

Emergency Contact Details:

*This person must be available to collect you're pet, at any point during the duration of their stay, in the case of an emergency.*

Pet's Name:

Breed:

Gender:

Date of Birth:

Health Conditions:

*Please be as descriptive as possible.*

Long/Short Term Medications:

Microchip Number:

Vet's Details:

*Please include name of Surgery, Location & Contact.*

In the case of an emergency, you agree that your pet's vet can be contacted:

*(Circle appropriate answers)*

Yes                      No

If there is a delay in getting your pet to the vet, you give permission for First Aid to be attempted on your pet:

Yes                      No

You give permission for your pet to travel in the Pet Minder's car:

*(Travel harness or crate will be used for transportation)*

Yes                      No

Pet Insurance Details:

*Please include Company & Policy Number*

Evidence of Vet's Injections Chart has been sent, or if your pet has stayed with us before, an Update Form has been completed & sent:

Yes                      No

**We only accept pets that are castrated/neutered, if over 12 months of age:**

*Please select from one of the following options & state the date of procedure in the box:*

Castrated (Male)

Neutered (Female)

Can dogs from the same household be left to sleep together?

Yes                      No

Can dogs from the same household eat together?

Yes                      No

Please indicate below any Special Instructions about your pet's eating:

*This could be in relation to being particular about feeding bowls, slow eaters or protective around food.*

Please describe a 'Day in the Life' of your pet, *this could include the time they wake up, activities they like/dislike, walks, favourite games, little habits etc:*


Please state where your pet sleeps, when at home:

--

Please state how many walks & for what lengths of time your pet has, per day:

--

Does your pet spend time off-lead in areas such as park or fields?

Yes                  No

Has your pet ever acted negatively around food?

Yes                  No

Has your pet ever escaped from your property?

Yes                  No

Has your pet ever growled at someone?

Yes                  No

Has your pet ever bitten someone, or another animal?

Yes                  No

Is your pet sociable around other animals?

Yes                  No

Does your pet act positively when meeting unfamiliar people?

Yes                  No

Does your pet chew, scratch or destroy furniture?

Yes                  No

Is your pet fully house trained?

Yes                  No

Does your pet pull on their lead during walks?

Yes                  No

Is there a change in your pet's behaviour when they are on their lead, to when they are off?

Yes                  No

Does your pet bark, for little reason?

Yes                  No

Is your pet allowed on the furniture, when at home?

Yes                  No

Please confirm you understand that pets from other households can/will be boarded, along with your pet, during their stay:

Yes                  No

I have Read & Understood Pet Getaway's Terms & Conditions:

Yes

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Our bank details to make a payment are:

PETS GETAWAY

MONZO BUSINESS

ACC NO. 72955789

SORT CODE: 04-00-03

Ref: please use full name of your pet