

Pet Visiting Agreement



A 50% deposit is required to secure a booking

Our Ref

OWNER'S DETAILS

Name		Home Tel. No. (inc Area Code)	
Address		Work No.	
Email Address		Mobile No.	

VETERINARY SURGEON

Name of Practice		Telephone Number	
Address			

PET TYPE AND NAME

1.		=		3.		=		5.		=	
2.		=		4.		=		6.		=	

PLEASE PROVIDE AN EMERGENCY CONTACT

Relationship	
Name	
Home Tel No.	
Mobile Tel No.	
Work Tel No.	
Address	
For office use only	

SECURITY DETAILS

Has a key been collected?		Is the house alarmed?	
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I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED PET(S) AND THAT I AUTHORISE **PET CARERS** TO ACT AS GUARDIAN 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 HAVE READ AND AGREE TO **PET CARERS TERMS AND CONDITIONS** AND 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 **PET CARERS**. ONCE SIGNED, THIS AGREEMENT COVERS ALL FUTURE SERVICES REQUESTED OF **PET CARERS**. ANY CHANGES TO THE ABOVE AGREEMENT MUST BE MADE IN WRITING.

Signature of owner		Date	
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