

Siblings Pet Care Contract

Please carefully read this Contract, together with the attached Terms and Conditions, Liability Waivers and Off Lead Consent Form.

Pet Owner's Details:

Your full name(s)	
Full address including postcode	
Email address	
Mobile phone number	
Home phone number	
Alternative contact number	
Emergency contact(s) name	
Emergency contact(s) full property address	
Emergency contact(s) phone number(s)	
Emergency contact(s) email address	
Vets name	
Vets full address	
Vets contact number(s)	
Do you provide consent for Siblings Pet Care to take photographs of your pets (these photos may be used to advertise Siblings Pet Care or be placed on Siblings Pet Care's website or social media sites)	

Pet(s) Details:

Pet one:

Name	
Type of animal	
Age	
Gender	
Breed	
Colour and/or any distinctive markings	
Is your pet microchipped? (If so, please provide the microchip provider name and chip number)	
Is your pet insured? (If so, please provide insurer's name, address, contact number and reference number for your pet)	
How long have you owned your pet?	
If adopted, please briefly describe any known history	
Date of last vaccinations (we will need to see the original certificate and retain a copy)	
Is your pet neutered?	
If un-neutered female, what was the date of last season?	
Any known allergies and remedies if needed to be administered by Siblings Pet Care (any medications must be provided by the owner)	
Please state any pre-existing or current health conditions	
Please list and medications and instructions	

Please advise if your pet has any sensitive areas on their body	
Please advise of any restrictions to your dog's activities (due to health or mobility or any other issues)	
Is your pet allowed treats provided by Sibling's Pet Care (we can provide our own treats or use treats supplied by the owner if preferred)	
Please give details of any formal obedience training your dog has received	
How does your dog interact with other dogs on walks?	

Behaviour (most of these questions are mainly related to dogs, if you do not have a dog please state N/A to any questions which aren't applicable to your pet):

Please describe all your pet(s) behavioural history in the following form, if you have any additional pets, please complete the attached additional behavioural information.

Please describe the general behaviour and energy levels (in and out of the house if applicable)	
Please provide details of any anxiety triggers (noises, actions, objects, types of people, types of dogs, etc)	
Does your dog get travel sick? (If applicable)	
Does your pet have a specific command to 'go to the bathroom'? (If applicable)	
How does your dog(s) (if applicable) behave on and off lead?	
How does your dog (if applicable) interact with other dogs when off lead?	

Does your pet live or regularly interact with children? (If applicable)	
How does your dog (if applicable) behave around livestock?	
Has your dog(s) (if applicable) ever snarled or growled at anyone? (if so, please explain the circumstances)	
Has your dog(s) ever bitten anyone? (if so, please describe the circumstances)	
Has your dog (if applicable) ever bitten any other animal (other than play biting which caused no harm), if yes, please explain the circumstances.	
Does your dog allow people to take things out of his/her mouth? (if applicable) Or do the obey a specific 'drop' command?	
What type of dogs (if applicable) does your dog prefer to socialise with (big, small, playful, quiet, male, female, etc)	
Please advise if your dog(s) (if applicable) would chase any of the following (deer, cats, livestock, small animals, people, cars, bikes, or any other relevant thing)	

Do you regularly allow your dog(s) off lead?	
If applicable, would you say your dog(s) has good, bad or average recall?	
What does your dog(s) if applicable, wear on a walk usually? (lead, collar, harness, head collar, muzzle etc)	

Requirements:

Please state your required pick up and drop off times (please consider the length of your required service and travel times)	
Please give any other details which you think would be useful to enable the best possible care for your pet(s) by Siblings Pet Care	

Disclaimer and Waiver of Liability:

The information I have given within this Contract is true, correct and complete to the best of my knowledge.

I have read and agree to abide by the Terms and Conditions received from Siblings Pet Care. I hereby indemnify Siblings Pet Care and their staff against liability of any kind whatsoever arising from my pet(s) participation in any services offered by Siblings Pet Care.

Full name of owner one	
Signature of owner one	
Full name of owner two (if applicable)	
Signature of owner two	
Date	

Please attach copies of your pet(s) vaccination certificates.

Off Lead Consent Form

I agree to Siblings Pet Care having the right to allow my dog off the lead and understand that all Terms and Conditions remain the same.

I have read and agree to abide by the Terms and Conditions received from Siblings Pet Care. I hereby indemnify Siblings Pet Care and their staff against liability of any kind whatsoever arising from my pet(s) participation in any services offered by Siblings Pet Care

Full name of owner one	
Signature of owner one	
Full name of owner two (if applicable)	
Signature of owner two	
Date	

Key Holder Disclaimer and Waiver of Liability

The information I have given in the Contract is true, correct and complete to the best of my knowledge.

I have read and agree to abide by the Terms and Conditions received from Siblings Pet Care. I understand that this Contract acts as permission to hold keys to my property, which I have provided willingly. I acknowledge that Siblings Pet Care and their staff will not be responsible for any loss or damage to my property

Full name of owner one	
Signature of owner one	
Full name of owner two (if applicable)	
Signature of owner two	
Date	

Please tick to confirm that you accept Siblings Pet Care’s attached Terms and Conditions

Additional Pets:

Pet Two:

Name	
Type of animal	
Age	
Gender	
Breed	
Colour and/or any distinctive markings	
Is your pet microchipped? (If so, please provide the microchip provider name and chip number)	
Is your pet insured? (If so, please provide insurer's name, address, contact number and reference number for your pet)	
How long have you owned your pet?	
If adopted, please briefly describe any known history	
Date of last vaccinations (we will need to see the original certificate and retain a copy)	
Is your pet neutered?	
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Thank you for completing this form!