

WAGGY TAILS - Client Consent Form

Client's Name

Client's Address

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Post Code

Telephone Number

Emergency Contact Numbers

Email address

Dog/ Cat's Name

Breed

Age/D.O.B.

Sex Male Female Neutered/Spayed

Fully Vaccinated Yes No

Collar Tag / Micro Chip Yes No

Pet Insurance Yes No

Vet Practice Used

Practice Address

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Telephone Number

Please state below day and times of when you would like your dog to be walked:

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Notes:

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I hereby agree, that I the undersigned, give consent for Tracey Craft & Marcel Verhage of Waggy Tails to look after my pet as per my instruction. I give permission for the above named to seek veterinary assistance should it be required for my pet while it is in their care. I understand that every effort to ensure the safety and wellbeing of my pet is paramount to the proprietors of Waggy Tails.

I agree to accept that they are not liable should a mishap or accident involving my pet occur in my absence (*Please note we will try to contact you ASAP in the event of an emergency via the contact details provided above*) In the event that I have entrusted them with a key to my property, it is to be used only as agreed. The key will be returned on my request

Signed: **Full Name:** **Date:**

Please note services are to be paid for in advance or on the day. Cancellations by the customer are required to be made as soon as possible via telephone directly to 66874882. In the unlikely event that Waggy Tails should have to cancel a booking, this will be done ASAP via the contact telephone numbers provided by the customer.