



# Kittymates Booking Form

## YOUR DETAILS

Name

Address

Contact no.

## PET(S) DETAILS

Pets name(s)

Species/Descriptions

## DATES

Date of 1<sup>st</sup> visit

Date of final visit

No. of visits per day

Total no:            at £            = £

## MEDICATIONS

Are medications required?

Name of pet

Name of medication

Dosage

How many times daily?

Total no:            at £            = £

## PLANTS

Do you require any house plants watering?

How often?

Total no:            at £            = £

## FISH

Do you have fish that need feeding?

How often?

Total no:            at £            = £

Total payable:                            £

25% booking deposit:                    £

25% on pick up of keys:                £

Balance payable on collection of keys: £

(subject to additional visits if needed)



# Kittymates

## EMERGENCY CONTACT

Name of contact

Contact number

## CONSENT

I consent to Kittymates visiting my pets in my home and tending to their needs as described on the booking form. I have been given, read and understood the terms and conditions, and by signing this consent agree to those terms. I give consent to Animates Veterinary Clinic to treat my pet should the need arise, and understand they will endeavour to contact me on the emergency contact number I have provided, to discuss any treatment and fees applicable.

I agree to settle all outstanding fees immediately upon my return and collection of my keys, including any fees that may have arisen at Animates Veterinary Clinic for treatment due to any health problems that may have occurred during my absence.

Signed

Printed Name

Date

Address