

ONSITE PET CARE (HOLIDAY CARE)

PLEASE COMPLETE FOR EACH ANIMAL

Pet's Name _____ DOB _____

Species _____ Cat (please fill out Section A) Dog (please fill out Section B) Other _____

Breed _____ Male Female

Colour _____ Desexed Yes No

Is your pet up to date with their vaccinations, flea, worm and heart worm preventatives? Yes No

Is your animal registered with the Council? Yes No Council _____

Is your pet microchipped? Yes No M/C Number _____

Are they wearing identification? Yes No Collar colour _____

Your preferred Vet Clinic? _____ Vet Phone _____

Is your pet allowed inside? Yes No Never Is your pet allowed outside? Yes No Never

My pet has a dog/cat door Yes No

Please detail your pet feeding routine whilst in our care

Morning _____ Afternoon _____ Evening _____

pet food located _____ amount _____

please leave detailed instructions _____

Is your pet on any medication? Yes No *If yes, please complete section C*

Does your pet require brushing? Yes No *Please leave brush out if your pet requires brushing*

SECTION A - CATS ONLY

Where is the kitty Litter—located? _____

How often do we scoop and how often do we change completely? _____

Any other details we should know about your cat - behaviour _____

SECTION B - DOGS ONLY

Does your dog like to be walked in the rain? Yes No Does your dog like allowed to swim? Yes No

Please ensure a towel is left out for swims/rain walks

Has your dog had training? Yes No What sort of training _____

Is your dog trained to walk on the leash? Yes No Where are the leads located?

Is your dog allowed off leash in Onsite's care? Yes No

What does your dog walk on? Flat Collar Halti Harness

Where will your dog sleep whilst in our care? _____

Please explain how your dog interacts with the following

Children

Never met Good Poor Excellent Unsure

Dogs

Never met Good Poor Excellent Unsure

Puppies

Never met Good Poor Excellent Unsure

Cats

Never met Good Poor Excellent Unsure

Has your dog been declared dangerous by a Council? Yes No

Is your dog required to wear a muzzle off your property? Yes No

Is your dog scared of fireworks/thunder storms other Yes No

Is your dog allergic to anything? Yes No (if yes, please detail)

Will you allow Onsite to bring a food treat for your dog (ONLY dog treats) Yes No

Has your dog ever had a carer dog walker care for them before? Yes No _____

Has your dog ever been left along over night before? Yes No

Can your dog...

Sit

Comes when called

Accept approaches from friendly strangers & sit politely to greet them

Drop

Respond to name & give eye contact

Is/ Does your dog (please tick all that apply)

urinate in the house

defecate in the house

bark in the car

go off leash

go to the park go for walks

chew your things

seeks attention

growl at other dogs

mount or hump People

digs

independent

dislikes children

dislikes men

dislikes people

able to ignore other dogs

pushy

barks excessively

unruly in the car

plays roughly

doesn't get along with other pets

suffers car travel sickness

Anxious when alone

protective

has excess energy

suspicious

shy with strangers

stubborn

fearful of other dogs

toilet trained

dislikes grooming

destructive

has bitten someone

has bitten another dog

lunges at other dogs

lunges at other people

pulls on lead

likes to be with you a lot

fearful of water

fearful of noises

fearful of storms

chases things

sits in front seat of car

Settle quickly when requested

Please list any other details that Onsite may need to know about your pet.

SECTION C

Normal Vet Contact Details Clinic Name _____ Phone _____

Do you have pet insurance? Yes No Who is your provider? _____

What is the normal Diet (please include brands) for your pet? _____

Does your pet have dietary requirements? Yes No Please Specify _____

Has your pet ever had a reaction to medication? Yes No

If yes please describe medication & reaction

Has your pet been to the vet in the last 12 months besides for an annual health check vaccination? Yes No

If so please describe circumstances.

Is your pet on any medication? Yes No

If so please describe and advise of dosage rates and instructions

Are there side effects we should be made aware of? Yes No

Has your pet ever had a serious illness? Yes No If they've recovered is a relapse possible? Yes No

Has your pet ever had a seizure? Yes No Date of last seizure _____

Has your pet ever been treated for...

Urinary Tract infection Irritation Yes No Pancreatitis Yes No

Arthritis? Yes No Feline Asthma Yes No

I give permission for Onsite Pet Care Services to seek medical treatment on my behalf for my pet _____ I understand that I will need to pay costs incurred and that I will be contacted as soon as possible to discuss my pets condition and treatment. I also give permission for my regular vet to provide any relevant information to Onsite Pets and any vet providing care for my pet.

CLIENT DETAILS

Referred by _____ Date of M&G _____
Owners Names _____ Address _____
Telephone Home _____ Work Mobile _____
Mobile _____ Email Address _____
Emergency 1. _____ Emergency 2. _____
Name _____ Name _____
Suburb _____ Suburb _____
Phone _____ Phone _____
Mobile _____ Mobile _____

In the event of an emergency should we contact your emergency before we contact you? Yes No

Bin Night

Sunday Monday Tuesday Wednesday Thursday

Alarm System Details

Does anyone have a spare key in the event of an emergency? Yes No

Do you want Onsite to keep your junk mail for you? Yes No

Will anybody else have access to your home whilst you are away? (cleaner/tradesman etc) Yes No

If yes please leave details

Do you have indoor plants, patio plants or vegetable garden you wish watered?

Yes No How often? _____

Dates Away Commencing _____ AM PM Final date of visit _____ AM PM

Owner leaving _____ AM PM Returning _____ AM PM

Additional details

Total Monies Due \$ _____ Deposit \$ _____ Balance \$ _____

Key Collected Yes No Date _____ (Onsite Use) Sign for Key _____ (Onsite Use)

Key to be left (location) _____ Key to be kept Yes No

Owners Signature _____ Owners Name _____

Date _____ Carers Signature _____

TERMS & CONDITIONS

Before we are able to provide our services, you must first read and agree to the following terms and conditions: All owners and their pets need to be registered with our system [here](#)

Booking Conditions & Payment Terms

All new bookings must pay 25% deposit at the time of booking. All bookings must be paid in full, seven days prior to the commencement of service or at the time of booking unless otherwise organised. Payment Options

We accept the following forms of payment; Cash, Cheque Credit (at Hairy Hounds Play-ground over the phone) Online Deposit details Hairy Hounds Playground - BSB 033 100 Account 416 362. Please ensure your pets name and your surname street name are used as a reference

Payment Options

We accept the following forms of payment; cash, eftpos (if are situated at Hairy Hounds Playground) over the phone credit card and online deposit. Please ensure your pets name and your surname are used as a reference

Property Access

As the owner/occupier of the property, I give permission for Hairy Hounds Playground (HHPG) to either enter the premises / HHPG is permitted in to the back/front yard of the property where the animal is located.

Booking Cancellations

All cancellations with more than 7 days notice will incur a \$25.00 administration fee. All booking cancellations with more than 48 hours notice (but less than 7 days), will incur a one visit cancellation fee. All cancellations with less than 48 hours notice will result in a 50% cancellation fee.

Animal Behaviour

I, the owner declare that my pet has no previous history of aggressive behaviour & has not been declared a dangerous dog before any Council or Regulatory body (unless otherwise discussed with HHPC management). If there is a history or the dog has been declared Dangerous with the Council, I, the owner agree to disclose all relevant information. I agree my pet/s are currently registered with the council (and legally must be wearing them off the property) with up to date vaccinations & are wormed and flea treated. I agree that I have provided adequate food, shelter and access to water whilst my animal is in the care of HHPC. I agree that my dog's coat is in good condition and is in a condition that is able to be maintained by HHPC. I agree I will incur grooming costs should my dogs coat not be left in a condition that can be reasonably maintained.

Damages

Whilst the carer takes all due care & precautionary measures, should my pet/s cause any damage to any persons property I will be held responsible and personally liable for all repairs damages.

The Carer

HHPC reserves the right to refuse or cancel a booking/s at any time, with any animal/s, on any reasonable grounds. Should a booking be cancelled under these circumstances all monies paid in advance will be refunded for those days for which services have not been provided. In The Event of: - Unforeseen circumstances, I, the owner agree to cover all costs in relation to, but not limited to, taking my pet to the veterinary clinic, retrieving my pet at large from shelter/council/pound. I, the owner agree that HHPC has the right to use their discretion in relation to engaging any services in my absence and to invoice me accordingly. I have read and agree to the terms and conditions.

I have read and agree to the Terms and Conditions Yes No