



# Booking Form – Pet Sitting

## Owner Information

First name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Mobile: \_\_\_\_\_ eMail: \_\_\_\_\_

### Partner details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Mobile: \_\_\_\_\_ eMail: \_\_\_\_\_

### Emergency Contact

First name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Mobile: \_\_\_\_\_ eMail: \_\_\_\_\_

## Sitting Details:

Times: 

Mon	Tues	Weds	Thurs	Fri	Sat	Sun

Has your pet been in boarding or daycare before? If so, who with?

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## Pet Information:

First time owner?:  YES  NO Circle/tick answers

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DoB: \_\_\_\_\_

Age: \_\_\_\_\_ How old was your pet when you got him/her?

Sex:  M  F Microchip No. \_\_\_\_\_ Spayed/Castrated:  YES  NO

Age of spaying/castration: \_\_\_\_\_ Size:  SMALL  MED  LARGE

Description: \_\_\_\_\_ Specific Markings (if any) \_\_\_\_\_

Did you get your pet from a breeder/rescue/friend? \_\_\_\_\_

### Dogs only:

Has your dog ever growled either at yourself or any member of the family (child or adult), carer or stranger?  YES  NO

If yes, please give details: \_\_\_\_\_

Has your dog ever bitten/nipped either yourself, any member of the family (child or adult), carer, stranger?  YES  NO

If yes, please give details: \_\_\_\_\_





### Veterinary Information:

Name of Veterinary Practice: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**IMPORTANT:** Please complete the Vet Release Form and return on confirmation of booking.

Do you have pet insurance? 

YES	NO
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Please give details of any poor health issues  
\_\_\_\_\_

Is your pet on any current medication or herbal remedies? 

YES	NO
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Please specify type and dosage:  
\_\_\_\_\_

#### Dogs only:

It is a requirement that your dog is on an up to date worming programme. Please tick this box to confirm that your dog/s worming programme is up to date:

Are your dog/s required vaccinations up to date at the time of completing this form? 

YES	NO
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Is there anything we should be aware of about your dog/s medical history?  
\_\_\_\_\_

### Feeding:

Time of Feed and Quantity: \_\_\_\_\_

Type (dry biscuit, cooked, raw). Brand of food: \_\_\_\_\_

Is your pet possessive over food? 

YES	NO
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### Exercise (dogs):

Describe your dog's level of obedience and any command words that your dog responds to:  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog have a **Sit**? 

YES	NO
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Does your dog have a **Wait/Stay**? 

YES	NO
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Does your dog have a **Recall**? 

YES	NO
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Where does your dog usually sleep? \_\_\_\_\_

Is your dog crate trained 

YES	NO
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Does your dog pull on a lead when out for walks? 

YES	NO
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Do you grant permission for Robbie's Dog Walking to exercise your dog 

YES	NO
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off-lead





## Expectations:

This is to assess how your pet can be expected to behave whilst we are sitting with them, and also alert us if they do anything that may be out of character. Please circle the appropriate answer.

Is your pet likely to?

Jump onto furniture?	Often	Occasionally	Never
Jump up at people?	Often	Occasionally	Never
Bark (when?)	Often	Occasionally	Never
Whine (when?)	Often	Occasionally	Never
Chew Furniture?	Often	Occasionally	Never
Chew Sticks	Often	Occasionally	Never
Fight with other pets?	Often	Occasionally	Never
Scratch at carpets or doors?	Often	Occasionally	Never

Can your pet be left alone?

YES	NO
YES	NO

Does your pet mess or urinate in the home?

How does your pet react to having its body, legs, ears, paws and tail touched?

Does your pet chew other things? E.g. skirting, pens, paper, small objects?

How does your pet react when the door is knocked?

Is your pet possessive or protective over food, toys, chews, collar, etc.

Dogs: How does your dog behave/react when meeting other dogs off lead?

Are there any particular behaviours that Robbie's Dog Walking need to be made aware of?

Please give details of any other information that would be relevant or useful:

I am happy for Robbie's Dog Walking to take video and photos of my pet/s and post to the official Robbie's Dog Walking page on Facebook and other Social Platforms.

YES	NO
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I confirm the information in this form is correct to the best of my knowledge

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you,

*Robbie*

