SMALL ANIMAL VISITING AGREEMENT FORM

Page 1

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WEDNESDAY THURSDAY FRIDAY SATUR To the veterinary s During my absence P and has my permission treat my rabbit and w on my return. Please	Colour
WEDNESDAY THURSDAY FRIDAY SATUR DON DETAILS During my absence P and has my permission treat my rabbit and w on my return. Please	SECURITY DETAILS I (the client) release my house key(s) to Pawprints UK Registered Petsitter for the duration of the contract. I may revoke this release at any time and expect my keys to be returned to me immediately upon such revocation. **Surgery:* Pawprints Uk Registered Petsitter will be caring for my rabbit tion to transport him/her to your surgery for treatment. I authorise you to
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istered Petsitter permission to transport my rabbit to the above me	
to transportation, treatment and expense. Vet signature	nentioned veterinary surgeon. I understand that Pawprints Uk assumes no responsibility for the loss of the rabbit and is
for each pa	tation, treatment and expense. Vet signature



NARP SMALL ANIMAL VISITING AGREEMENT FORM CONTINUED Page 2	Additional notes		
How often should cage be cleaned?			
Is animal allowed outside cage? If so, please give instructions			
Does the animal have any treats or toys?			
Preacutions (other animals, people)			
Emergency contact			
This should be someone who can pay a bill in the event of a problem with the house. This might also be someone who can make a decision about surgery or euthanasia.			
• In the event of surgery or euthanasia the Registered Petsitter will accept the advice of the veterinary surgeon, would you wish to be notified before your planned return?			
• In the event of you not returning from your time away, have arrangements been made for the rehoming of your pet (s)?			
Insurance details			
Micro chip details	IN THE EVENT OF A FLEA OR WORM		
• Vaccinations	INFESTATION I WILL		
Medical history	TREAT THE ANIMAL AT YOUR EXPENSE		
• Vet details			
Additional instructions, eg. Burglar alarm, water plants, forward post, return messages etc:			

I HEREBY CONFIRM THAT I AM THE OWNER OF THE ABOVE NAMED PARROT AND THAT I AUTHORISE THE FOLLOWING REGISTERED NATIONAL PETSITTER):

PAWPRINTS UK

TO ACT AS GUARDIAN DURING MY ABSENCE AND TO TAKE ANY ACTION WHICH HE/SHE CONSIDERS SUITABLE IN ORDER TO PROTECT AND KEEP IN GOOD HEALTH THE ABOVE NAMED RABBIT I DO FURTHER CONFIRM THAT I WILL BE RESPONSIBLE FOR ANY COSTS WHICH MIGHT BE INCURRED, EITHER VETERINARY OR OTHER, AS A RESULT OF ANY SICKNESS, ACCIDENT OR DAMAGE CAUSED TO OR BY THE ABOVE NAMED RABBIT. EXCEPT THIRD PARTY LIABILITY, AND THAT I WILL PAY ANY SUCH COSTS OR EXPENSES ON DEMAND. I ALSO UNDERSTAND THAT NO LIABILITY WILL ATTACH TO THE ABOVE MENTIONED PETSITTER OR NATIONAL PETSITTERS.

