



## HOUSE SITTING REGISTRATION FORM June 2010

<b>NAME</b>					
<b>ADDRESS</b>					
<b>PHONE</b>					
<b>MOBILE</b>					
<b>EMAIL</b>					
<b>EMERGENCY CONTACT WHILST AWAY</b>					
<b>DAYS REQUIRED</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
<b>KEYS HELD</b>	<b>YES</b>		<b>NO</b>		
<b>PET(S) DETAILS</b>					
<b>NAME</b>					
<b>BREED</b>					
<b>COLOUR</b>					
<b>AGE</b>					
<b>SEX</b>	<b>MALE</b>		<b>FEMALE</b>		
<b>CASTRATED/SPAYED</b>	<b>YES</b>		<b>NO</b>		
<b>MICROCHIPPED</b>	<b>YES</b>		<b>NO</b>		
<b>VETS NAME</b>					
<b>ADDRESS</b>					
<b>PHONE</b>					
<b>IS YOUR PET(S) INSURED</b>	<b>YES</b>	<b>NO</b>	<b>COPY</b>		
<b>INSURANCE COMPANY</b>					
<b>VACCINATIONS</b>	<b>YES</b>	<b>NO</b>	<b>DATE</b>		

<b>FLEA AND WORMING</b>	<b>YES</b>	<b>NO</b>	<b>DATE</b>
<b>MEDICAL HISTORY/LIKES /DISLIKES</b>			
<b>ALLERGIES</b>			
<b>OTHER INFORMATION</b>			
<b>ANY MEDICATION REQUIRED</b>	<b>YES</b>	<b>NO</b>	
<b>PLEASE STATE</b>			
<b>CURRENT FEED</b>			
<b>USUAL FEEDING TIME(S)</b>			
<b>AMOUNT FEED</b>			
<b>HOW MANY TIMES ADAY WALKED</b>			
<b>WALKED WITH GROUP OR SOLO</b>	<b>GROUP</b>	<b>SOLO</b>	
<b>ALLOWED ON FURNITURE</b>	<b>YES</b>	<b>NO</b>	
<b>INDOOR OR OUTDOOR PLANTS WATERED</b>	<b>YES</b>	<b>NO</b>	

WHEN IS COLLECTION DAY FOR RUBBISH	
BURGALAR ALARM- CODE	
WHERE IS STOPCOCK/FUSEBOX	
ANY OTHER INFORMATION REQUIRED	

I also declare that I have read, understand and agree to the statements in the Terms & Conditions

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please do not hesitate to contact me on 07717132676

Date of contact to start \_\_\_\_\_ Signed \_\_\_\_\_

Date of contract to end \_\_\_\_\_ Signed \_\_\_\_\_