

Happy Hounds Pop In Service Form

| Date Nam | e leleph | one Number |
|---------------------|-------------------|------------------------|
| Mobile Number | Email Address | |
| Address | | |
| Second Contact Name | Telephone Nur | mber |
| Keys Given | | |
| Animal Name | Animal Name | Age |
| MONDAY TUESDAY WEDI | NESDAY THURSDAY F | FRIDAY SATURDAY SUNDAY |
| Additional Notes: | | |

Animal and Service Details

Pop in requirements:

- Is the animal friendly/Have they shown any signs of aggression?
- Where is the food/cleaning products kept?
- Are there any limitations for your animal inside or outside?
- Is there anything we should be aware of in regards to locks or alarms?

Important Information

| Emergency Contact One: Emergency Contact Two: Medical History: Currently taking any medication(s)?: Any restrictions on animal activity?: Allergies: | | Telephone Number: Telephone Number: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------|---------|
| Payment Cost : | | | |
| How will payment be made: | Cash | Bank Transfer | |
| When will the payment be made: | Per Day | Weekly | Monthly |
| Will a key be given today? | | | |
| Would you like the key to be posted or o | dropped back? | ? | |

Veterinary Authorisation Details Vets Name: Address: Telephone Number: To the Veterinary Surgery: During my absence Happy Hounds will be caring for my animal(s) and has permission to transport them to your surgery for treatment. I authorise you to treat my animal(s) and I as the animal(s) owner will be responsible for payment to you not Happy Hounds I hereby give HAPPY HOUNDS permission to transport my animal(s) to the above mentioned veterinary surgeon, and make any decisions on treatments they feel need to be carried out without my permission. I understand that HAPPY HOUNDS assumes no responsibility for the loss of the animal(s) and is released from all liability related to transportation, treatment and expense. This will all be paid for by me the animals owner. Date..... The information I have given in this application is true, correct and complete to the best of my

knowledge. I have read and agree to abide by the terms and conditions received from HAPPY

| Client Name | Client Signature | Date |
|-------------|------------------|------|
|-------------|------------------|------|