



Roseanne McGillivray, 32 Houstonfield Quadrant, Houston, PA6 7EX  
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 telephone 0783 359 6197 

## **Pet Sitting Service Contract**

### **Owners Information**

Name (Please list all parents) .....

Address.....Town..... Postcode.....

Telephone number..... Email.....

Emergency Contact Should you not be contactable, please list a person who can make a decision concerning your pet and property in your absence. This could mean a decision regarding a medical treatment such as, an emergency or euthanasia. Please ensure your named person knows that you have nominated them.

Emergency Contact Name.....Telephone number.....

### **Pet Information**

Pet Name	Age	Gender	Species/Breed	Colour	Insurance Company
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Feeding Instructions with location – Once daily  Twice daily

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Medication Instructions with location.....

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Veterinary Surgeons Name.....Telephone Number.....

Address.....

I authorise Vet Nurse Home Care to act as my agent in the event of my pet/s needing medical attention. I further agree that I will be responsible for any and all costs of any veterinary care deemed necessary by my veterinary surgeon, name and address as listed. I also understand that no liability will be attached to the pet sitter. I will inform Vet Nurse Home Care of any change in circumstances or if any information in this contract changes. No Liability can be attached to Vet Nurse Home Care if a third party shares access to my property or pet/s. I authorise Vet Nurse Home Care to administer the stated medication to the above named pet/s for the duration of my absence and thereafter whenever Vet Nurse Home Care, care for this/these pet/s, until I revoke or change this permission. I agree that photo/s of my pet/s may be used for promotional purposes by Vet Nurse Home Care and my pet/s name may be used but my surname and personal identity will be protected.

Signature..... Date .....



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### **Veterinary Authorisation Details**

Veterinary Surgeon Name.....Telephone number.....

Address.....

During my absence, I have given permission for VET NURSE HOME CARE to act as guardian for my pet/s (name/s)

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I AUTHORISE THE ABOVE VETS OR THEIR EMERGENCY SERVICE, TO TREAT MY PET/S IN CASE OF ANY ILLNESS. I will be responsible for all vet charges that may be incurred. Please take any action suitable in order to keep my pet/s in good health.

I give Vet Nurse Home Care permission to transport the above pet/s to the vets surgery.

I agree that in the event of surgery or euthanasia, Vet Nurse Home Care will accept the advice of the vet and the agreed emergency contact will be contacted.

This authority is valid for this and any further booking made with Vet Nurse Home Care.

Client Signature..... Date.....

### **Pet Home additional Information**..... A few questions please?

What are the main requirements for our visits.....

.....

.....

.....

Type and location of food.....

Amount of food given at each visit.....

Does your pet/s have treats, and if so, how much.....

Location of bedding- straw, cat litter, grooming brushes, etc.....

Location of bin bags, dustpan, brush.....

Your pet/s favourite hiding place/s.....

What word cues do you use to call your pet.....

Does/do you pet/s like to be handled.....

Is your pet/s worried by or dislikes anything that I should be aware of.....

Are there any plants you wish watered.....

Curtains to be opened and closed.....Would you like any lights left on/off.....

Does/do your pet/s (cats) go outdoors, if YES, please sign our "Outside Access Disclaimer Form".....



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**Permission to administer Medicine**

Pets Name.....Surname.....

Address.....

**1. Medicine Name.....Dosage.....**

Medicine Administered Route....Oral.....Subcutaneous.....Topically.....

Preferred time of medicine administering? This should be within a two hour window to allow for any unforeseen delay, EXCEPT FOR DIABETIC PETS, WHO WILL HAVE A VERY STRICT TIME SCHEDULE.

A.M.....P.M.....

Other times.....

**2. Medicine Name.....Dosage.....**

Medicine Administered Route....Oral.....Subcutaneous.....Topically.....

Preferred time of medicine administering? This should be within a two hour window to allow for any unforeseen delay.

A.M.....P.M.....

Other times.....

**3. Medicine Name..... Dosage.....**

Medicine Administered Route....Oral.....Subcutaneous.....Topically.....

Preferred time of medicine administering? This should be within a two hour window to allow for any unforeseen delay.

A.M.....P.M.....

Other times.....

**4. Medicine Name..... Dosage.....**

Medicine Administered Route....Oral.....Subcutaneous.....Topically.....

Preferred time of medicine administering? This should be within a two hour window to allow for any unforeseen delay.

A.M.....P.M.....

Other times.....

*Please leave the complete medicine container and instructions as printed on them by the VET, to eliminate any error.*



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### **Cat Outside Assess Disclaimer**

Although it is safer to keep your cat/s indoors during their owners absence, we appreciate that this is not for everyone and as you are aware of the risks, we will care for your cat/s while they have access to a cat flap or owner request to let your cat/s have outdoors access.

#### **Disclaimer**

Vet Nurse Home Care cannot be held responsible for any loss of pets who have access to an open cat flap or an owner request to let your cat/s have outdoor access.

In the event of your pet going missing, we will continue to provide care visits for your cat/s until your return.

We will notify your emergency contact, your vet and the relevant authorities that your pet is missing from home.

This authority is valid for this and future bookings I make with Vet Nurse Home Care.

I agree that Vet Nurse Home Care cannot be held liable for the loss of my cat/s while they have access to an unlocked cat flap or, at my request to let my cat/s have outdoor access.

Cat/s Name/s.....  
.....

Owners Signature.....Date.....



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