

H.O.P - HOUSE OF PAWS

Owner's details				
First name		Last Name		
Address				
Suburb		State		Post Code
Phone Number 1			Phone number 2	
Email				

Emergency Contact Detail's			
Name		Phone Number	
Email			
Name		Phone Number	
Email			

Vet's details				
Name				
Address				
Suburb		State		Post Code
Phone Number 1			Phone number 2	
Email				

Pet's Details # 1			
Name		Breed	
Date of birth		Sex (Female/Male)	
Vaccinated (Yes/No)		Desexed (Yes/No)	
Medical history			
Medication			
Diet/feeding details	(Amount, frequency)		
Behavioural issue			
Other Requirements			

- ***Please attach copy of vaccination certificate***
- ***Please ensure that your dog's flea and tick treatment is up to date.***

Pet's Details # 2			
Name		Breed	
Date of birth		Sex (Female/Male)	
Vaccinated (Yes/No)		Desexed (Yes/No)	
Medical history			
Medication			
Diet/feeding details	(Amount, frequency)		
Behavioural issue			
Other Requirements			

- *Please attach copy of vaccination certificate*
- *Please ensure that your dog's flea and tick treatment is up to date.*

Note:

In any case your dog is sick during his/her stay at H.O.P, please advise if you would like us to bring him/her to your usual vet?

→ Yes / No / Yes, but please contact owner or emergency contact detail first.

Are you insured with any Pet Insurance ?

→ Yes / No

Is he/she good in the car?

→ Yes / No

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ABN 61 584 103 406

Please read and sign the following:

I am the legal owner of the above mentioned pet/s and hereby request HOP House of Paws to care for my pet/s.

I confirm that when I send my pet/s to HOP, they are in good health and have not had any recent contagious condition. I have disclosed any health care condition and medication needed to be administered by HOP House o Paws.

I acknowledge and recognise that all professional care and due diligence will be given to my pet/s whilst in the care of HOP House of Paws and hereby release HOP House of Paws from any liability from my pet/s in their care.

I understand that at times illness or injury may occur and consent to HOP House of Paws to seek medical attention from either the pet/s regular vet or the closest veterinary hospital. I also understand that I will refund/reimburse all financial responsibility for any necessary veterinary treatment.

Client signature: _____

Date: _____