



## Multiple Pet Form

Client Name and Surname: \_\_\_\_\_

ANIMAL DETAILS.

**Pet 1 Name:** \_\_\_\_\_

Shares with other same-species family members

Dog / Cat (Please circle)

Male / Female (Please circle)

Weight (approx): \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Breed/Colour: \_\_\_\_\_

Sociability: Social / Better running alone (Please circle)

Temperament/Personality: (ie) submissive, dominant, stressful, confident, likes ball games etc:

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**Feeding:** Homelands Food - please select below

Mighty Mix - High energy frozen raw food diet with green lipped mussel, salmon, other natural ingredients and no fillers.

Eukanuba/lams - Comes in adult (cat/sml breed/lrg breed dog), puppy/kitten, maturity, light, sensitive skin/stomach (Please circle if would prefer)

Wet food - Wag Garlic & Rice dog roll or Whiskas/Chef tinned meat

OR

Own Food Brand and Type: \_\_\_\_\_ Prescription / Preferred Food (Please circle)

Homelands feeds twice daily (BID) - please indicate if you would like otherwise below SID (once a day) - AM/PM / TID (three times a day) (Please circle)

**Medical History/Requirements:** (Please note any relevant medical history for your pet – if your pet is a cat please also answer questions below in regards to cat flu)

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**Medication/s:** (Please make sure these are clearly labelled on the container and the correct amount required for animal's stay is with them)

Name/Drug: \_\_\_\_\_

Condition it is being taken for: \_\_\_\_\_

**Vaccinations**

Vaccination/s next due: \_\_\_\_\_

Note – Kennel Cough required annually/ DHP annual – 3yrs

Staff Signature verifying record sighted..... ! Desexed / Entire (Please circle)

CATS

Dose/Application: \_\_\_\_\_ SID / BID / TID (Please circle)

Has your cat/s ever had a cold/snuffles? Yes / No / Not Sure (Please circle) How often? Once / Not often / Regularly (Please circle)

**Pet 2 Name:** \_\_\_\_\_

Shares with other same-species family members

Dog / Cat (Please circle)

Male / Female (Please circle)

Weight (approx): \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Breed/Colour: \_\_\_\_\_

Sociability: Social / Better running alone (Please circle)

Temperament/Personality: (ie) submissive, dominant, stressful, confident, likes ball games etc:

\_\_\_\_\_  
\_\_\_\_\_

**Feeding:** Homelands Food - please select below

Mighty Mix - High energy frozen raw food diet with green lipped mussel, salmon, other natural ingredients and no fillers.

Eukanuba/lams - Comes in adult (cat/sml breed/lrg breed dog), puppy/kitten, maturity, light, sensitive skin/stomach (Please circle if would prefer)

Wet food - Wag Garlic & Rice dog roll or Whiskas/Chef tinned meat

OR

Own Food Brand and Type: \_\_\_\_\_ Prescription / Preferred Food (Please circle)

Homelands feeds twice daily (BID) - please indicate if you would like otherwise below SID (once a day) - AM/PM / TID (three times a day) (Please circle)

**Medical History/Requirements:** (Please note any relevant medical history for your pet – if your pet is a cat please also answer questions below in regards to cat flu)

\_\_\_\_\_  
\_\_\_\_\_

**Medication/s:** (Please make sure these are clearly labelled on the container and the correct amount required for animal's stay is with them)

Name/Drug: \_\_\_\_\_

Condition it is being taken for: \_\_\_\_\_

**Vaccinations**

Vaccination/s next due: \_\_\_\_\_

Note – Kennel Cough required annually/ DHP annual – 3yrs

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Staff Signature verifying record sighted..... Desexed / Entire (Please circle)

CATS

Dose/Application: \_\_\_\_\_ SID / BID / TID (Please circle)

Has your cat/s ever had a cold/snuffles? Yes / No / Not Sure (Please circle) How often? Once / Not often / Regularly (Please circle)

**Pet 3 Name:** \_\_\_\_\_

Shares with other same-species family members

Dog / Cat (Please circle)

Male / Female (Please circle)

Weight (approx): \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Breed/Colour: \_\_\_\_\_

Sociability: Social / Better running alone (Please circle)

Temperament/Personality: (ie) submissive, dominant, stressful, confident, likes ball games etc:

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**Feeding:** Homelands Food - please select below

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Own Food Brand and Type: \_\_\_\_\_ Prescription / Preferred Food (Please circle)

Homelands feeds twice daily (BID) - please indicate if you would like otherwise below SID (once a day) - AM/PM / TID (three times a day) (Please circle)

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**Medication/s:** (Please make sure these are clearly labelled on the container and the correct amount required for animal's stay is with them)

Name/Drug: \_\_\_\_\_

Condition it is being taken for: \_\_\_\_\_

**Vaccinations**

Vaccination/s next due: \_\_\_\_\_

Note – Kennel Cough required annually/ DHP annual – 3yrs

Staff Signature verifying record sighted..... ! Desexed / Entire (Please circle)

CATS

Dose/Application: \_\_\_\_\_ SID / BID / TID (Please circle)

Has your cat/s ever had a cold/snuffles? Yes / No / Not Sure (Please circle) How often? Once / Not often / Regularly (Please circle)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please bring this completed form with you on your first visit when you check in and give it to the staff before letting your pet(s) out of your car. This form can also be used for updates.*