



Multiple Pet Form – 2 Pets

CLIENT DETAILS

Name: _____

Phone: Mobile: _____ Home: _____ Work: _____

Address: _____

Email: _____

Emergency Contact: _____

Please note, we require another contact, preferably local, to have on file in the event we cannot get hold of the owner(s) in an emergency.

ANIMAL DETAILS.

Pet 1 Name: _____

Shares with other same-species family members

Dog / Cat (Please circle)

Male / Female (Please circle) Desexed / Entire (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)

Vet: _____ **Vet Contact Number:** _____

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: _____

Dose/Application: _____ SID / BID / TID (Please circle)

Vaccinations

Vaccination/s next due: _____

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

Staff Signature verifying record sighted _____

CATS

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) Desexed / Entire (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 finned 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: _____

Dose/Application: _____ SID / BID / TID (Please circle)

Vaccinations

Vaccination/s next due: _____

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

Staff Signature verifying record sighted _____

CATS

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.