HappiTails Home and Pet Sitting Services 104 Duxford Road Whittlesford Cambridge, CB22 4NH Tel: 01223 832604

ADMINISTRATIVE BOOKING FORM

All information about you, your property and any assignment is held in strict confidence by HappiTails and will not be disclosed by any other party. Our data protection number is Z7670620.

WHEN FILLING IN THIS FORM PLEASE USE BLOCK CAPITALS THROUGHOUT.

PERSONAL DETAILS

Name:
Address:
Postcode:
Telephone, Home: Work:
Mobile: Email:

YOUR ANIMALS

PET 1

Type of Pet
Date of BirthSpecial Needs e.g. medication
Next Season Date Exercise Needed Where Pet Sleeps
PET 2
Type of Pet
Next Season Date Exercise Needed
PET 3
Type of Pet
Next Season Date Exercise Needed

[COPY AND COMPLETE IF MORE THAN 3 PETS]

Please detail meals your pet(s) have and at what times:
Extra information about your pet(s):
DATE SITTER REQUIRED
Home / Pet Sitter to arrive: Day: Date: Time:
Home / Pet Sitter to depart: Day: Date: Time:
SITTER DETAILS
Would you prefer female or male: Male / Female / OR either
Would you accept: 1 person / 2 people / OR either (there is no additional cost for two people) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
Would you prefer a non-smoker? Yes / No / don't mind
PROPERTY DETAILS
Please state what type of home you live in
House / Flat / Bungalow / Cottage / Other
Is it easily accessible by public transport? Yes / No
Is there off road parking? Yes / No
Do you have a security alarm? Yes / No (please remember to leave operating details for sitter)
Where is your nearest police station for the sitter to register with?

While you are away will anyone else be holding a key for the property? Yes / No		
If yes, name and telephone no.:		
Do you employ a cleaner / housekeeper? Yes / No		
If yes, name and telephone no.:		
GARDEN		
Do you require grass cutting? Yes / No (there is a negotiable cost for this)		
Do your pot plants need watering: Yes / No		
(If yes, please leave details of where they are situ	uated)	
Do your houseplants need watering: Yes / No		
EMERGENCY NUMBERS		
EMERGENCY NUMBERS Relative:	Tel:	
Relative:	Tel:	
Relative:	Tel:	
Relative: Friend: Plumber:	Tel:	
Relative: Friend: Plumber: Electrician:	Tel:	
Relative: Friend: Plumber: Electrician:	Tel:	
Relative: Friend: Plumber: Electrician: Vets:	Tel:	
Relative: Friend: Plumber: Electrician: Vets: CONFIRMATION AND PAYMENT We always confirm receipt of bookings and will te We will also arrange a suitable time for a prelimin requirements in full with the sitter. I wish to mak and signing the Client Contract. I enclose a chequipment of the contract of the contrac	Tel:	