

# Registration form for „The House and Pet Care“

We look forward to welcoming you as a new customer at „THE HOUSE AND PET CARE“.

First read this registration form carefully and fill it in completely before your first appointment with „THE HOUSE AND PET CARE“. Please sign the completed form and return it to us at least one week before the agreed date.

## Pet

Name: \_\_\_\_\_

Animal species: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: \_\_\_\_ F \_\_\_\_ M \_\_\_\_

Birthday: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Neutered: \_\_\_\_ Y \_\_\_\_ N \_\_\_\_

Chip: \_\_\_\_ Y \_\_\_\_ N \_\_\_\_ Chipnumber: \_\_\_\_\_

Animal insurance: \_\_\_\_ Y \_\_\_\_ N \_\_\_\_ Insurance name: \_\_\_\_\_

Insurance number: \_\_\_\_\_

## Animal Owner

Name, First name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone/Mobile: \_\_\_\_\_ Emergency number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact via WhatsApp: \_\_\_\_ Y \_\_\_\_ N \_\_\_\_

## Vet

Vet (Name, Address):

\_\_\_\_\_

## Information on orthopaedic operations

Operations (date/approximate time): \_\_\_\_\_

\_\_\_\_\_

When was the operation after which the orthopaedic problem was diagnosed?

Acute / time scheduled: \_\_\_\_\_

Implants: \_\_\_\_\_

## General information about your animal

How long have you owned the animal? puppy / animal protection / animal shelter

For shelter/animal welfare animals: Do you know the animal's history? Y N

What abnormalities have you already observed as a new owner?

---

---

---

### FOOD

Amount of food/day: \_\_\_\_\_ as wet or dry food / both

Treats: Y N Which one?: \_\_\_\_\_

Drinking behaviour: normal / much / little / seasonally variable

Frequency of walks: \_\_\_\_\_ Duration of the walk: \_\_\_\_\_

Do you do any dog sports with your dog? Y N

Does your dog need safety precautions at the vet (muzzle, tranquillisers)?

---

---

---

What is your animal like in terms of temperament/ towards strangers?

---

---

---

Can your animal be touched everywhere? Y N

---

---

---

## General veterinary information about your animal

Internal disease: Y N

Which ones? Diabetes: Y N Epilepsy: Y N Heart problems: Y N

Allergies: Y N Cortisone-related obesity: Y N

Does your pet suffer from behavioural/character changes? Y N Seasonal? Y N

Does your pet currently have any internal problems? Y N Under investigation? Y N

**Permanent medication/dosage:**

---

---

---

Orthopeadic disease: Y N

Which? Cruciate ligament rupture: Y N Discus prolaps: Y N ED/HD: Y N

Contracture in the muscle: Y N Patellar dislocation: Y N

Has your animal ever been treated by an animal physiotherapist/osteopath? Y N

Due to which diagnosis? \_\_\_\_\_

Does your pet insurance cover the costs of animal physiotherapy? Y N

Do you need a separate invoice for animal physiotherapy? Y N

**Declaration of aproval**

With your signature you agree to the following conditions:

- I agree that my pet will be treated and cared for by a qualified and state-certified veterinary nurse during my absence.
- I will inform and instruct „The House and Pet Care“ sitter in detail about the medication, its dosage and daily administration. (see General Terms and Conditions, point 1.6)
- I also agree to the General Terms and Conditions.

Place, Date \_\_\_\_\_

Signature \_\_\_\_\_