

## DOG INFORMATION SHEET - DAYCARE

## OWNERS INFORMATION

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

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

Phone No: \_\_\_\_\_

Alt Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT

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

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

Phone No: \_\_\_\_\_

Alt Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

## ABOUT YOUR DOG

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

Microchip No: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Neutered: \_\_\_\_\_ Yes / No (please circle) \_\_\_\_\_

Size: \_\_\_\_\_

Breed: \_\_\_\_\_

Colour: \_\_\_\_\_

Physical Description: \_\_\_\_\_

## YOUR DOGS BEHAVIOUR

Is there anything that your dog is nervous of fearful of? E.g. fireworks, vacuum cleaner, men in hats, other dogs?

Does your dog...

- Display possessive behavior towards toys or food?
- Jump up at people?
- Jump fences or otherwise try to escape from gardens?
- Chew, scratch or damage furniture or other fixtures?
- Become anxious if left alone, even for short periods?
- Show aggression towards other dogs?
- Show aggression towards people?
- Pull on the lead?
- Toilet in the house?

If you have answered yes to any of the above, please give details...

[illegible]

## YOUR DOGS HEALTH

Registered Veterinary Practice

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

Date of Last Vaccinations: \_\_\_\_\_

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

Date of Last Worming Treatment: \_\_\_\_\_

Phone No: \_\_\_\_\_

Date of Last Flea Treatment: \_\_\_\_\_

Does your dog have any health issues? If yes please give details...

Does your dog require any regular medication? If yes please give details...

Does your dog have any other medical requirements? If yes please give details...

## OTHER DETAILS

Is there anything else we should know about your dog?

## PERMISSION

I give permission for;

- My dog to be in daycare with other dogs including the resident dog Kraken.
- Photographs/video of my dog to be published on the internet.

### Signature

I confirm that the information given in this form is true, complete and accurate.

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owners Name (please print): \_\_\_\_\_