**DOGTOPIA RETREAT ADMISSION FORM**

CLIENT INFORMATION

Name:

Address:

Suburb: Postcode:

Home phone: Mobile number:

Business phone ………………………………………… Email:

Typical work hours …………………………………………………………………………………………………..

Would you like to have access to our free client portal? Y / N

\*The client portal allows you to make reservations for your pet/s, book additional services (eg. bath, nails, etc.) view all past report cards as well as upload vaccination certificates for your pets.

**Emergency contact**

Name ………………………………………………………………………………………………….

Home phone ………………….................................... Mobile number …………….………………….

**Additional person authorised to collect your pet**

Name …………………………………………………………………………………………………………………….

Home phone …………………………………………… Mobile number ………………………..………

HOW DID YOU HEAR ABOUT US?

* Social media Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* From a friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ad on the radio/tv
* Market stall

ANIMAL INFORMATION

Name:

Breed: Colour/s : Weight:

Date of birth): Sex:

Desexed (if over 6 months) **Yes No** Date of procedure: ……………………………

Microchipped **Yes No** Number:

Flea Prevention **Yes No** Last treatment: ……/……/…… ….

 Name/Brand: …………………………………..

Heartworm **Yes No** Last treatment: ……/……/………..

 Name/Brand: …………………………………..

Intestinal worms **Yes No** Last treatment: ……/……/…………

 Name/Brand: …………………………………..

Food Allergies **Yes No** Details: ………………………………………….

Your Vet Details: ………………………………………………….

***If fleas, ticks or intestinal worms are found on your animal, Dogtopia Retreat will treat the animal at the owner’s expense due to rapid spread of these parasites if left untreated.***

PET HEALTH

Has your pet received its complete immunizations required for Daycare?

* Distemper, Hepatitis, Parainfluenza & Parvovirus (DHPP/DHLPP)☐
* Bordetella (Kennel Cough) ☐

What date did your pet last have this vaccination? ………/………/……..

Is your pet on any special medications? **Yes No**

If yes, please provide details ……………………………………………………………………………

ANIMAL HEALTH HISTORY

Has your dog had any hip, elbow, knee or other joint problems? **Yes No**

Has your dog got any allergies? **Yes No**

Has your dog been recently ill? **Yes No**

 Are there areas your dog does not like to be touched (tail, back?) **Yes No**

Do you have pet insurance? **Yes No**

If you answered yes to any of the above, please provide details:

………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………

 PET BACKGROUND

Previous obedience training? **Yes No**

If yes, please provide details …………………………………………………………………………..

Does your dog have previous Daycare experience? **Yes No**

How long have you owned your dog? **…………………………………………………………….**

How does your dog react to new dogs that they meet? **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

Is your dog afraid of anything?  **Yes No**

Dogs preferred reward (eg. ball/treats)......................................................................................

Favourite toys………………………………………………………………………………………………

Favourite games…………………………………………………………………………………………..

Is there anything else about your dog that you would like us to know? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

PET BEHAVIOURAL EVALUATION

We would love to understand your pet more so that we can ensure they are comfortable at Daycare. Please check the following that apply to your dog, and provide details below

☐ Biting or growling at people

☐ Aggressiveness towards other dogs (eg. barking, biting, lunging)

☐ Fearful of certain people (eg. men / children / workers in uniform)

☐ Shyness

☐ Jumps fences

☐ Fence aggression / barking /lunging

☐ Jumps on people

☐ Chewing / digging

☐ Chases small animals

☐ Separation anxiety

☐ Frequent barking

☐ Resource guarding (eg. treats or toys)

☐ Door dashing

☐ Excessive leash pulling

☐ Escaping collar / leash

☐ Running away

☐ Other ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

DECLARATION

By signing the below, I acknowledge that I accept all risk when leaving my pet in the care of Dogtopia Retreat, and that I have read and understood the Doggy Day Care Deed of release

 Owner signature: ………………………………….. Full name: ………………..…….……...

**Date**: