

ENROLMENT APPLICATION FORM

Owner (please name all of those authorised to colle	ect your dog/s)								
Address									
Phone Home	Phone Work			Pho	Phone Mobile				
Alternative Name & Phone number (for eme	rgency's if we canno	ot get a h	old of you fo	r any i	reason abo	out your dog(s)			
Your Email (So we can send you photos & updates)								
What day(s) would you prefer your dog to come to Daycard			Monday		iesday	Wednesday	Thursday		Friday
Our hours are 7.30am – 6pm. We offer FUL	L and HALF day	rates ar	nd a Casua	l rate	for thos	e who require	occasiona	l Da	aycare.
Would you like transport for your dog to ar	nd/or from Dayc	are?				Yes			No
If Yes, any special requirements with picku	p / drop offs								
Dog Name E			eed			Male		Female	
Dog's Birth Date (So we can make a fuss on birth	days).								
How long have you owned your dog?			utered? If not, when will this be done?						
If adopted, what knowledge do you have o	f your dog's past	t history	/;	•					
Names of other animals in your household			Breed		Neu	Neutered		Age	
How did you hear about Doggy Daycare?			•		•				
Vet & Name			Phone		Add	Address			
	VACCINATIO	N/MED	ICAL HIST	ORY					
Last Vaccination date? Next vaccination Date?									
Kennel Cough Vaccination Date			Next KC Date						
Flea Medication used? (please describe)			Last dose given:						
Worm medication used? (please describe)	Lâ	Last dose given:							
Describe any medical/health issues we nee	d to be aware of	f: (Eg: sei	zures/health	/hip p	roblems/p	revious injuries et	c)		
Do any restrictions need to be placed on yo	our dog's activiti	es or m	ovements?	? (plea	ase describ	e in full)			
Does your dog have any allergies? We give on	ut homemade dog t	reats at b	oirthday time	S SO W	re need to	be aware if your d	og has any a	ıller	gies.

BEHAVIOUR								
Has your dog had any formal training? (Eg: Canine Good Citizen, Puppy Preschool)					No			
If yes, Please detail what type, when & where?								
What commands does your dog respond t	:0?							
Hand commands?		Other Commands						
Bathroom command?								
Play commands?		What tricks does your dog do?						
Quiet command?								
Does your dog have problems in the following areas? (if yes, please describe)								
Mouthiness?		Has your dog ever (if yes, pl	ease describ	be)				
Housetraining?		Growled at someone?						
Barking?		Bitten someone?						
Digging/Escaping		Scaled a fence? (Type/height	t)					
Ignoring commands?		Reacted negatively when sor	meone to	ok food	d or toys away?			
Jumping?								
Is your dog anxious or frightened by any particular: (Startle inhibition, dropping things, load noises, thunder)								
Is your dog Gun Shy?		How many times per week is	your dog	g taken	for walks?			
Thunder & Lightning?		Does he/she enjoy them?						
Noises?		How does your dog react to	other dog	gs appro	oaching him/her			
Actions?		when:						
Objects?		On lead						
Other dog types/Genders of people etc?	Off lead							
	If your dog socialises with other dogs- How often and under							
How is your dog with males or children?	what circumstances?							
Are there any kinds of dogs your dog automatically fears or dislikes? (eg- Small, large, males, females)								
Does your dog prefer male or female dogs	:7	Has your dog ever visited the	Back he	ach?				
Larger, smaller, or same size dogs?	Did she/he enjoy it?							
Langer, smaller, or same size dogs.		Has your dog ever gone to Daycare?						
How does he/she react to puppies?	Did she/he enjoy it?							
Does your dog have any sensitive areas on his/her body? (eg: head, tail, mouth, ears, collar being handled?)								
How often do you brush or comb your dog?								
Does he/she enjoy it?	o·							
How is your dog around Cars?								
How is your dog around farm livestock? Eg- Cows, Sheep, Horses Bark/Growl/Is scared?								
What else should we know about your dog? The more information you can give us the more we can do with and for your dog, we want to send								
your dog home happy and tired. Please explain here:-								
Signature of Owner	Name			Date				

Any questions please phone: (03) 542 3856 or (022) 102 7237 or email us at admin@ddcn.co.nz

We're also on Facebook – go to: Doggy Daycare Nelson Ltd.

Please bring this form and the signed terms and conditions with you on the day of your dog's trial day, if not before.

We also require you to bring your pets vaccination records for us to sight.

We look forward to meeting you and your dog,

Thank you!

Terms and Conditions

As a condition of supplying our services for your Dog, the following terms and conditions must be agreed to:

(
(Please insert	
dogs' name)	
, (

- 1. I agree to pay the rates that are in effect at the time my pet is at Doggy Day care Nelson Ltd (DDCN). I am aware that extra charges may be incurred and I agree to pay them at the time of pick up. Direct debit is available if this is easier than cash.
- 2. In the event of non-payment of any charge incurred by the owner or the placement of the pet with DDCN, I agree that I will be responsible for all costs of collections, including legal fees and costs and interest on the past due accounts at the rate of 1.5% per month.
- 3. I understand that entering DDCN is required on a lead. Dogs must sit at the gates before they will be allowed to enter by the staff.
- 4. I understand my pet will be examined for fleas from time to time, If fleas are found on my dog a flea treatment will be administered at my expense.
- 5. I agree to notify DDCN if my dog(s) has a communicable illness and will keep him/her at home if I am aware of any symptoms (for example coughing, vomiting, diarrhoea) I further agree not to bring my dog to DDCN for fourteen (14) days following their recovery. Unless I obtain and provide veterinary certification that my dog is fit and well and not a risk to other dogs at DDCN.
- 6. I certify that my dog(s) has not harmed or shown aggression or threatening behaviour towards any person or other dog, as attested to in my application form.
- 7. I understand that I am solely responsible for any harm or illness caused by my dog(s) while my dog(s) attend DDCN.
- 8. I agree that if a sudden problem develops with my dog(s) it will be treated appropriately at to our discretion and I assume full financial responsibility for any emergency expenses including but not limited to transportation and veterinary/medical expenses.
- 9. I understand that an interactive daycare environment is not without some risk of injury despite all dogs appearing healthy and being handled with the greatest care and foresight. I agree to pay all veterinary/medical expenses incurred as a result of injury caused to or by my dog(s).
- 10. Further to clause (7) above, I further agree that DDCN and its staff will not be liable for any problems that develop provided reasonable care and precautions are followed, including any results of injury inhibiting showing of dogs, and I hereby release DDCN and its staff of any liability of any kind arising from my dog(s) attendance and participation at DDCN.
- 11. Although DDCN staff carefully screen all applicants, occasionally we may discover that daycare is not an appropriate environment for every dog. DDCN reserves the right to withhold admittance if any dog at any time is found unsuitable to continue attending.
- 12. I agree that my pet may be videotaped, photographed or recorded whilst at DDCN. In addition they may be used by DDCN in its Promotion and Advertising of DDCN (Where practicable, staff will obtain verbal consent first).
- 13. I understand that any damage caused by other dog(s) during play to my dog(s) collar, muzzle, lead, toys or accessories will not be liable by DDCN.
- 14. I understand any damage caused by my dog(s) in a vehicle while being transported by a DDCN staff member or volunteer (for example vomiting, diarrhoea, chewing of seatbelts or restraints, harnesses or chewing of items in the vehicle) will be paid at my expense once full costs are known.
- 15. I understand that my dog(s) will be taken to Town & Country vet if a injury occurs or is a matter serious enough to warrant immediate veterinary attention, or if I cannot come & collect my dog before treatment (for example- bleeding that cannot be stopped, puffy eyes, excessive coughing, sneezing or vomiting or diarrhoea)
- 16. Please be aware that DDCN will ALWAYS call you if there is anything that is wrong with your dog that we consider that you should be aware of whilst the dog is attending DDCN.

Also, please do not open the gates to let your dog in or out when there are other dogs at the gates, as this is not a safe option. Please wait or ask for help from the staff or volunteers to ensure safety for dogs and humans alike.

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

Date	Name/s (Please print)	Signed	