

Client and pet details

Your details

Primary contact

Full name	<input type="text"/>
Phone number	<input type="text"/>
Postal address	<input type="text"/>
Email address	<input type="text"/>

Emergency/secondary contact

Full name	<input type="text"/>
Phone number	<input type="text"/>

Your pet's details

Pet #1

Name	<input type="text"/>		
Breed	<input type="text"/>		
Age	<input type="text"/>	Sex / Desexed	<input type="text"/>

Pet #2

Name	<input type="text"/>		
Breed	<input type="text"/>		
Age	<input type="text"/>	Sex / Desexed	<input type="text"/>



Vaccination, worming and flea control

Vaccinations received		
<input type="checkbox"/> C5 Pet 1	Date due:	
<input type="checkbox"/> C5 Pet 2	Date due:	

Worming treatment					
Worming given?	Yes / No	Worming type:		Date due:	

Flea treatment					
Flea control?	Yes / No	Treatment type:		Date due:	


Vet details

Clinic name	
Clinic address	
Phone number	
Preferred vet	

How Did You Hear About Us?


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Health

-  Does your dog have any health issues that might affect its care (e.g. epilepsy, diabetes, arthritis)? List them below.


Health issues	
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 Is your dog on any medications (short-term or long-term)? List the details below.

Medication	Reason for medication	Does this need to be administered while in our care?	Dose	Frequency
		Yes / No		
		Yes / No		
		Yes / No		


Behaviour

 Is there anything that makes your dog fearful or anxious (e.g. loud noises, large dogs, separation from its owners)?

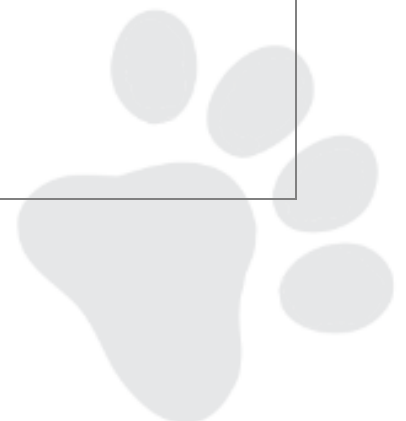
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 Does your dog have any destructive or escapist behaviours (e.g. excessive barking, jumping fences, digging, biting)?

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 How does your dog react to people and other dogs (e.g. always friendly, shy, exuberant, aggressive)? Please make sure to describe any interactions or types of person or dog that make your dog fearful, aggressive or uncertain.

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Waiver and release of liability

I acknowledge and agree that:

-  I am the legal owner or authorised guardian of *name of dog(s)*: _____.
-  All information I have provided in the pet details form is a true and complete representation of my pet's health and behaviour that might have bearing on its care at Paws2Play. I have disclosed any and all health conditions, medication needs, and history of aggressive or threatening behaviour towards any person, animal or thing.
-  I accept the inherent risks associated with a cage free day care environment including, but not limited to, escape from the premises, transfer of communicable disease, injury, abrasions, cuts, sore pads and behavioural problems, and indemnify Paws2Play of any such incidences.
-  Paws2Play retains the discretion to temporarily or permanently remove my dog(s) from day care at any time.
-  Where my dog is removed from day care for any reason, including any necessary external veterinary treatment, I remain liable for the cost of the Paws2Play day care and other services secured for that day, and shall not dispute any charged amounts to this effect.
-  I accept responsibility for any loss, damage or harm caused wholly or partially by my dog(s) while attending Paws2Play.
-  While my dog is in the care and custody of Paws2Play, and in the case that I or my secondary contact cannot be contacted or in the case of an emergency, Paws2Play staff may seek the immediate consultation and care of a veterinarian.
-  I am liable for any external services that become necessary during the care of my dog(s) including, but not limited to, veterinary fees and boarding fees.
-  I agree to collect my dog(s) by closing time, and if I fail to do so I agree to pay \$10 per 15 minutes that I am late.

By signing below, I affirm that I have read, understood and agree to all the above terms and conditions of engaging the services of Paw2Play, and that I understand that I am waiving certain legal rights by signing and agreeing to this document.

Full name of owner/guardian	
Signature	
Date of signature	