



Client information

First name: _____ Last name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Email: _____

Mobile: _____ Other phone: _____

Secondary contact

Name: _____ Last name: _____

Mobile: _____ Other Phone: _____

Pick up address:

Address: _____

Suburb: _____ State: _____ Post Code: _____

Drop off address:

Address: _____

Suburb: _____ State: _____ Post Code: _____

Veterinary Surgery

Practice name: _____ Contact: _____

Preferred Veterinarian:

You must provide proof of your dog having a C5 vaccination. This can be provided by sighting a vaccination certificate or verbal verification by your regular Veterinary Surgery.

Dog information

Dog 1

Name: _____ Breed: _____

Colour: _____ Male / Female D.O.B/Age: _____

Registration number: _____

Microchipped: Yes / No Flea treated: Yes/No Wormed: Yes / No

Walking equipment: Front Harness / Back Harness / Halti / Collar only / Check Chain / Other:

Any known Allergies: _____

Any dietary requirements: _____

Has your dog received any formal training? Yes / No

Where did you train? _____

Behaviour notes: _____

No other dogs / Anxious (Nervous) / Afraid of new people / Food possessive / Toy Possessive

Is your dog reactive to certain objects or animals: Yes / No

If yes please circle below:

New people	Small animals	Large animals	Cats	Machinery
Children	Loud sounds	Cars	Bikes	Other dogs
Other: _____				

Dog 2

Name: _____ Breed: _____

Colour: _____ Male / Female D.O.B/Age: _____

Registration number: _____

Microchipped: Yes / No Flea treated: Yes/No Wormed: Yes / No

Walking equipment: Front Harness / Back Harness / Halti / Collar only / Check Chain / Other:

Any known Allergies: _____

Any dietary requirements: _____

Has your dog received any formal training? Yes / No

Where did you train? _____

Behaviour notes: _____

No other dogs / Anxious (Nervous) / Afraid of new people / Food possessive / Toy Possessive

Is your dog reactive to certain objects or animals: Yes / No

If yes please circle below:

New people	Small animals	Large animals	Cats	Machinery
Children	Loud sounds	Cars	Bikes	Other dogs
Other: _____				

Terms & conditions

Payment must be completed on the day of service either in cash or bank transfer, receipts can be requested via email.

I am aware that there are risks for my dog being out. If there are any accidents or emergencies, I give permission for Paws Adventure Daycare to take my dog to the closes vet for treatment, which I accept to make payment to the veterinary clinic on the day.

If my dog causes any injury to another animal within the group or to the public, I will cover the costs for that animal to be treated.

Dogs are required to be registered to the Dog & Cat national registry, if your dog is not registered or does not have their tag with them while out. Any fines will be sent forward to the owners.

Vaccination certificates must be sighted before your dog is collected for their service, only C5 vaccinations will be accepted.

Name: _____

Signature: _____

Date: _____