



Best Friend Doggy Day Care

Application Form

To help ensure the health and safety of your dog and those already in our care, please provide detailed information about your dog's health, temperament and behaviour.

Owner Details

Name _____ Emergency Contact _____
Address _____ Telephone _____

Vet Name _____

Vet Address _____
Telephone _____
Mobile _____
Email _____ Vet Telephone _____
From where did you hear about [Best Friend Doggy Day Care](#) _____

Vaccinations*

Vaccination standard (DHPP) given (date) ____/____/____
Bordetella (Kennel Cough) given (date) ____/____/____
Last Flea treatment given (date) ____/____/____
Flea and tick prevention method used _____

**Please provide us with a copy of your dog's vaccination records*

Dog Details

Name _____ Age _____
Birthday ____/____/____ Colour _____
Gender ☐ Male ☐ Female Breed _____
Neutered / Spayed ☐ Yes ☐ No Weight _____
Neutered / Spayed Age _____
Any lumps or scars ☐ Yes ☐ No
For how long have you owned your dog ____ years ____ months
From where did you get your dog _____

Commands

	Always	Usually	Needs Work
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay / Wait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Come	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How does your dog behave around...

	Poor	Fair	Good	Excellent
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puppies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Visitors and Strangers

How does your dog react to visitors in your home _____

How does your dog react to strangers in your home _____

Does your dog run free in your home when you are not there Yes ☐ No ☐

How does your dog react to other dogs on a walk _____

Behaviour

Is your dog anxious around or frightened by noises, actions, objects, or dogs _____

Does your dog respond to a specific command to go to the toilet _____

Has your dog ever displayed aggressive tendencies to another dog or person Yes ☐ No ☐

If yes, please provide details _____

Potential Problems

Does your dog have any problems or special needs in any of the following areas, housetraining, excessive barking, digging, mouthing or ignoring commands Yes ☐ No ☐

If yes, please provide details _____

Health

Does your dog have any pre-existing or current health problems Yes ☐ No ☐

If yes, please provide details _____

Does your dog have any allergies Yes ☐ No ☐

If yes, please provide details _____

Does your dog have any physical limitations that need special attention or that may prevent certain types of play or are there any restrictions that need to be placed on your dog's activities or movements Yes ☐ No ☐

If yes, please provide details _____

Is your dog on any medication Yes ☐ No ☐

Do you require us to feed your dog while at day care Yes ☐ No ☐

Is your dog allowed treats whilst at day care Yes ☐ No ☐

Toys

What type of toys does your dog play with and is there a favourite _____

What type of games does your dog like to play _____



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Toys Continued

Is your dog happy to share toys with other dogs

Yes ☐ No ☐

Is your dog possessive of toys, food or other objects

Yes ☐ No ☐

If yes, please provide details _____

Does your dog allow you to remove objects from its mouth

Yes ☐ No ☐

Has your dog reacted badly to when taking food or toys away

Yes ☐ No ☐

Does your dog play with other dogs off lead

Yes ☐ No ☐

Does your dog prefer the company of dogs that are Large ☐ Small ☐ Male ☐ Female ☐ Calm ☐ Playful ☐

Additional information about your dog

The information I have given above is true, correct and complete to the best of my knowledge

Owners Signature _____ **Date** ____/____/____



Best Friend Doggy Day Care

Best Friend Doggy Day Care Service Statement

I understand that I am solely responsible for any and all harm caused by my dog while my dog is attending Best Friend Doggy Day Care, or is using any services provided by Best Friend Doggy Day Care.

1. I further understand and agree in admitting my dog that Best Friend Doggy Day Care has relied on my representation that my dog is in good health and has not harmed or shown aggression or threatening behaviour toward any person or any other dog.
2. I further agree to notify Best Friend Doggy Day Care of any unwelcome, aggressive, procreative, or dangerous behaviour of my dog that has potential to cause harm to any other pet or individual.
3. I further understand that during dog play, owner's dog may sustain injuries. All dog play is carefully monitored at Best Friend Doggy Day Care to avoid injury, but scratches, punctures, torn ligaments, or other injuries that may occur despite the best supervision. I realise that pads on paws may initially become sensitive, or bothered until my dog becomes used to running on different surfaces.
4. I further understand that Best Friend Doggy Day Care is a place where animals co-mingle in groups and I am responsible for the medical treatment of any injuries or illness that my dog receives while at Best Friend Doggy Day Care. I agree to pay all costs for my dog that may arise as a result of injury or illness, including veterinarian care and costs. I shall pay such costs as a reimbursement immediately upon pick-up of my dog or when the services are been completed.
5. I further understand that if I fail to provide proof of current vaccinations or if my dogs' vaccinations are found to be expired or otherwise incomplete, Best Friend Doggy Day Care has the right to refuse service until current proof is provided.
6. I further understand and agree that any behavioural or health problems that develop with my dog will be treated as deemed best by the staff at Best Friend Doggy Day Care, in their sole discretion, and that I will assume full financial responsibility for any and all expenses involved. If staff at Best Friend Doggy Day Care are unable to contact me or it is deemed emergency treatment is required in the event of injury or illness to my dog, I authorise Best Friend Doggy Day Care to obtain the appropriate treatment from my vet or the closest veterinary clinic.
7. I further understand that my dog should be neutered at the age of 6 months (which applies to both male and female dogs) to enrol at Best Friend Doggy Day Care. Puppies can enrol if fully vaccinated up to 6 months old.
8. I further understand that even if my dog is vaccinated for Boratella (Kennel Cough) there is a chance that my dog can contract Kennel Cough. I agree that I will not hold Best Friend Doggy Day Care responsible if my dog contracts Kennel Cough while attending Best Friend Doggy Day Care.
9. I further agree to notify Best Friend Doggy Day Care of any infectious and/or contagious disease or conditions my dog has been exposed to or is affected by. Such diseases and conditions include, but are not limited to Distemper, Hepatitis, Kennel Cough (Bordatella), Parvovirus, Corona virus, worms, Lyme disease, Fleas, Pregnancy, Infectious Skin Diseases and Intestinal Parasites.
10. I further agree to take any necessary efforts or precautions to insure that my dog is continuously free of contagious, infectious or otherwise communicable diseases. I will report to Best Friend Doggy Day Care before arriving at day care, any contagious, infectious or other communicable diseases, and will not be allowed to bring my dog to Best Friend Doggy Day Care, regardless of scheduled days, until the condition is resolved.
11. I allow and consent my dog to being photographed, videotaped, and/or use in any media or advertising by Best Friend Doggy Day Care without prior approval by me. All such photographs etc. are the property of Best Friend Doggy Day Care.



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12. I further agree to pay all fees at the end of the agreed day/days within a working week set forth by Best Friend Doggy Day Care and understand that if notification is not received by Best Friend Doggy Day Care as regards to non attendance or late pick up a charge will be incurred.

13. I understand that Best Friend Doggy Day Care is not responsible for any lost, stolen, or damaged toys, leads, collars, beds, tags, clothing or any other item left with my dog.

14. I agree to inform Best Friend Doggy Day Care as to whether my dog has been fed on arrival so that your dog has had time to digest their food before all the excitement. I understand that failure to do so may result in Bloat, which can be dangerous.

15. I further understand and agree that each if the foregoing provisions are separate and severable and shall be in force and effect on each and every occasion my dog attends Best Friend Doggy Day Care. This statement shall remain in full force and effect as between parties until and unless otherwise amended or revoked, cancelled or superseded in writing signed by both parties.

I certify that I have read and understand the terms and conditions set forth in this Service Statement, the Application form, including health forms, which are hereby incorporated into this Service Statement by reference. I agree to abide by the terms and conditions and accept all terms, conditions, and statements of this statement. I hereby release Best Friend Doggy Day Care, their staff, and volunteers of any liability of any kind whatsoever arising from my dog's attendance and participation at Best Friend Doggy Day Care.

Print Name _____

Signature _____

Date ____/____/____