

CANINE CUBBY
DAYCARE & GROOMING
CUSTOMER INFORMATION

Owner's Name:

Title: _____ First Name: _____ Surname: _____

Address: _____ Suburb: _____ Postcode _____

Phone: H _____ Wk: _____ Mob: _____

E-Mail: _____

Owner's Emergency Contacts:

Name: _____

Phone: H: _____ Wk: _____ Mob: _____

Veterinarian's Emergency Contact:

Name: _____ Phone: _____

Other authorised persons to pick up pet:

Name: _____ Phone: _____ Mob: _____

Name: _____ Phone: _____ Mob: _____

Dog's Details:

Name: _____ Breed: _____

D.O.B: _____ Age: _____ Colour: _____

(Please circle one): Male/Female Desexed Yes/No

Vaccination Date: _____ Type: _____ Wormed Date: _____

Does your dog have any health problems or Injuries? Yes/No
If you answered yes please Specify: _____

Does your dog take regular medication for medical problem? Yes/No
If yes Please specify: _____

Does your dog require this medication whilst in our care? Yes/No

Is your dog allergic to anything: Yes/No
If yes please specify: _____

What reaction do they get? _____

Dog's History:

How long have you owned your dog? _____

Where did your dog come from? _____

Has your dog ever been to an off leash dog park? Yes/No

Has your dog ever been to a Dog Day Care Centre? Yes/No
If yes please provide name of facility: _____

Has your dog been to obedience? Yes/No
If yes when, where and what level: _____

Has your dog been socialised regularly with people and other dogs? Yes/No

Has your dog suffered from separation anxiety? Yes/No/DON'T KNOW
(E.g. whining or barking incessantly, paces, chewing furniture or scratch at the door)

Is your dog anxious or frightens easily? Yes/No

Has your dog ever shown aggression towards any person or other dogs? Yes/No
If yes please explain: _____

Is your dog possessive of food, people, toys, etc? Yes/No
If yes please explain: _____

Is there any breed or type of dog your dog dislikes? Yes/No
If yes please explain: _____

Is there any spot your dog doesn't like being touched? Yes/No
If yes please provide details: _____

Please provide any additional information that may help the staff at CANINE CUBBY to care for your beloved family member and ensure a comfortable, safe and enjoyable time with us. _____

1. The client acknowledges that Canine Cubby is a cage free environment and that dogs play and interact directly with one another off leash. The client further acknowledges that due to this environment, injury to the dogs may occur. The client agrees that *Canine Cubby* will not be held liable for any injury or illness and expressly waives any claims against *Canine Cubby* or its employees for the loss, injury or illness to their pet or their property whilst in the care of the facility. *Canine Cubby* agrees to provide services in a reliable, safe, sanitary and trustworthy manner.
2. The client agrees to express any known behaviour/aggression problems that their pet has with other animals, toys, food or humans. The client is solely responsible for any harm or injury caused by their dog whilst in the care of *Canine Cubby*.
3. The client acknowledges that *Canine Cubby* uses corrective behaviour, like water spray bottles, body blocks and time out to maintain a controlled environment free of nuisance behaviour like barking, humping, and rough play.
4. Client agrees to attend a scheduled interview at *Canine Cubby* with their dog for evaluation to ensure that their dog is suitable for day care. *Canine Cubby* Client understands the results provided will dictate the attendance at the centre.
5. Client understands that for the safety of the dogs that attend *Canine Cubby* and its employee's dogs that show signs of aggression, annoying barking and aggressive humping, or possessiveness to food, toys or humans will not be accepted at day care. The client further understands that *Canine Cubby* has the right deny service, if any behaviour problem becomes a concern.
6. The client understands that all dogs admitted must be in good general health and up to date with worming with yearly vaccinations and effective flea control. **UNDER NO CIRCUMSTANCES WILL CANINE CUBBY OR ITS EMPLOYEES BE HELD RESPONSIBLE FOR A PARALYSIS TICK, CANINE INFLUENZA, KENNEL COUGH, INJURY, DEATH, LOSS OR DAMAGES OF ANY KIND THAT MAY OCCUR TO ANY DOG ATTENDING CANINE CUBBY**
7. **Should any dog become ill or injured whilst attending *Canine Cubby* the centre has the right to** administer necessary aid and, if necessary transport the dog to a veterinary surgery. Any expenses incurred are the responsibility of the dog's owner. *Canine Cubby* will endeavour to contact the dog's owner and dog's veterinary, but has the right to transport the dog to the closest suitable veterinarian if necessarily.
8. *Canine cubby* is not a boarding facility for evening stay and all animals must be picked up prior to closing. Late pick-ups will be subject to a fee.
9. Owner agree to pay the rate for services provided prior to or on the date of attendance at the centre. Prices are subject to change without notice.
10. **Late cancellation or no show, are subject to a fee.**

I fully understand and agree to the above conditions of the contract.

Owners signature

Date