



New Member Enrolment Form

To help ensure the health and safety of your dog and our existing members, please provide detailed information about your dog's health, temperament and behaviour. This allows us to ensure all members have a fun and enjoyable time at the Club.

Please bring this form with you to your dog's registration session. If your dog does not suit our environment, we reserve the right to refuse membership.

OWNER INFORMATION:

Name _____

Address _____

Mobile Phone _____

Email address _____

EMERGENCY CONTACT (Must be different to above and able to collect your dog on your behalf):

Name _____

Phone No. _____

DOG INFORMATION:

Name _____

Gender _____ Date of Birth (if known) _____

Breed _____

Colour _____ Microchip No. _____



The Dog
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Dependable Doggy Daycare

Registered Vet _____

Phone No. _____

Address _____

DATE OF CURRENT VACCINATIONS:

Please supply your vaccination record and we will photocopy it.

DHPP _____ LEPTO _____ KENNEL COUGH _____

Current Flea Program _____ (Please Name)

Current Worming Program _____ (Please Name)

Is your dog neutered/spayed? _____ Current Weight _____

Allergies _____

Pre-existing or current health conditions _____

INSURANCE:

Name of Insurer _____

Policy No. _____

DIET:

What do you feed your dog (complete all that apply)

a) Kibble – please state which Brand _____

b) Tins/Pouches Wet Food – please state which Brand _____

c) Home cooked _____

d) Raw – pre-prepared _____



e) Raw – home prepared _____

Medications _____

Special Instructions and/or Restrictions _____

How long have you had your dog? _____

Where did you get your dog? _____

If adopted/rescued, do you have any back history? _____

How does your dog interact with dogs who visit your home? _____

How does your dog interact with people who visit your home? _____

Are there any types of dogs that your dog fears? _____

Are there any type of people that your dog fears? (Gender, Behaviour, Clothing, Hats)

Has your dog ever growled, snapped, bitten a person or another dog? (If yes, please give details)



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Does your dog growl or become aggressive around food and/or toys? _____

Does your dog share well with others? (Food, toys, beds, etc) _____

Has your dog ever been in Daycare? (Where and When) _____

Has your dog ever attended any training? (Where and When) _____

Have you ever employed the services of a behaviourist for your dog? (Who, When, Why, Outcome)

Any behaviours we should be aware of? _____

Does your dog exhibit any of the following behaviours? (Tick all that apply)

Heavy Chewing of Toys _____

Excessive Barking _____

Separation Anxiety _____

Jumping (gates and fences) _____

Possessive (of food) _____

Possessive (of toys) _____

Eats Stools _____

Mounting (Humping) _____

Is there anything else we need to know? _____



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Can your dog have treats? _____

Where is your dog's favourite place to be petted? _____

Does your dog know any tricks? _____

Anything you would like us to help you with? _____

How did you hear about The Dog Members' Club? _____

How often would you like your dog to come to the Club? (We will use this information to advise you on which Membership Level will offer your dog the best value)



THE DOG MEMBERS' CLUB HEALTH AND TEMPERAMENT AGREEMENT

I Agree and understand that in enrolling my dog to The Dog Members' Club that my dog is in good health, is current on all vaccinations and flea control and has not harmed or shown aggression or threatening behaviour towards another dog and/or human.

I understand that in any cage free dog environment that there is an inherent risk of injury or illness from normal play. Understanding this, I accept full responsibility and hold The Dog Members' Club harmless for any pet injury, death or damage.

I agree that I am solely responsible for any harm caused by my dog while my dog is in the care of The Dog Members' Club.

I agree not to hold The Dog Members' Club and their associates liable for any injuries to my dog while in the care of The Dog Members' Club.

I understand if my dog shows repeated aggressive or menacing behaviour that the dog will be moved to seclusion. If the behaviour continues your dog may be asked to leave The Dog Members' Club.

By signing this form, you acknowledge that you understand and accept the terms and conditions set forth by this agreement.

Owner's Signature _____

Date _____



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THE DOG MEMBERS' CLUB EMERGENCY MEDICAL TREATMENT AUTHORIZATION

The Dog Members' Club will make every effort to contact you in any emergency with your dog before we transfer to a licensed veterinarian.

This document gives associates of The Dog Members' Club the authority to act on my behalf in the event my dog needs medical attention.

I, the owner, authorize a licensed veterinarian and their assistants, to administer treatment and perform procedures as are considered therapeutically and diagnostically necessary for the care of my dog, including administration of anaesthesia.

If emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my dog until I can be contacted for further approval.

I accept full responsibility for all financial responsibility for the treatment that my dog receives from the licensed veterinarian and their staff.

I hereby release The Dog Members' Club from any claims from any emergency situation.

Dog's Name and Breed _____

Owner's Name _____

Owner's Signature _____

Date _____ Phone Number(s) _____