



Holistic Paws = Waggy Tails
Wellness Centre & Dog Day Care

DOG DAY CARE ENROLMENT FORM

| Owner Details | |
|----------------------------|---------|
| Name: | Email: |
| Address: | Mobile: |
| No. of People in Household | Ages: |
| Emergency Contact: | Phone: |

| Pet Details | |
|------------------------------------|---|
| Dog Name: _____ M/F | D.O.B.: _____ |
| Breed: _____ | Desexed: _____ Y/N |
| Vet Practice _____ | Vet Name (if you have a particular person you see): _____ |
| Address: _____ | Contact No.: _____ |
| Last Treatment Date & Issue: _____ | |

| Pet Health & Behaviour | |
|--|--|
| Is your dog on any medication. If yes, please provide details: | Is your dog regularly treated for fleas, gastrointestinal and heartworm? |
| Any musculoskeletal Issues or Joint problems: | Does your dog have any areas he/she doesn't like to be touched? |

11 Trumper Dve, Busselton

Ph: 6454 9318 * info@holisticpaws-waggytails.com.au * www.holisticpaws-waggytails.com.au

| | |
|--|---|
| Does your dog have separation anxiety: | Has your dog ever displayed any aggression to people or other dogs?: |
| Has your dog had obedience training? | What commands does your dog know?: |
| Does your dog have coprophagia (eats faeces): | Is your dog social and likes playing with all dogs or only certain dogs? |
| Does your dog guard its food or toys (does it growl if you try to take these away)?: | Does your dog growl at other dogs when on lead?: |
| Does your dog jump on people when greeting them? | Does your dog jump on other dogs when greeting them? |
| Is your dog nervous or anxious with loud noises, thunderstorms etc.?: | Has your dog ever bitten another dog or person? If so, please provide details of the event: |
| Is your dog an escape artist and enjoy jumping or digging under fences? | Please describe your dog's overall demeanour: |
| Why are you wishing to put your dog into our crèche? | How did you hear about us? |

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| Enrolment Information: | |
|--|---|
| How Many Dogs: | One Day or Multiple Days: |
| What Days | Estimated Drop Off Time: |
| Estimated Pick Up Time: | Any allergies or special diet needs in regards to treats: |
| Are you interested in any other services such as spa treatment, standard dog wash or massage while your dog is in daycare? | |

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