

ENROLMENT FORM

Your Name

Your Address

Post code

Your Email

Your Dog's Name Breed

Sex Male Female Neutered/Spayed Yes No

Date of Birth Colour

Identifying Marks

Odd lumps/scars

MEDICATION/FOOD

Name of Medication

Reason for Use Times per day

Any Medical Conditions we need to be aware of

Has your dog ever had a seizure? Yes No Does your dog have hip dysplasia? Yes No

Allergies

Dietary restrictions

What food does your dog eat?

Has your dog been ill in the last 30 days? Yes No

Is your dog on flea control. If YES, which brand? Yes No Brand?

Is your dog on a worming programme, if so which brand?



Kennel Cough vaccination due

Booster vaccinations due

YOUR DOG'S ORIGIN

How old was your dog when he/she came home?

How/where did you get your dog?

How long has your dog been in your family?

If your dog is a rescue animal, do you have any knowledge of their history?

HABITS

Are there any sensitive areas on your dog? Yes No If YES, please describe

How active is your dog?

Has your dog visited Other daycare Dog parks Beaches

How did he/she react in these situations?

How does your dog react to small dogs or puppies and large dogs?

Is your dog frightened by noises? Yes No

Is there a type of person your dog is afraid of?

Has your dog ever growled or snapped at anyone taking food or toys away? Yes No

Does your dog exhibit protective behaviour? Yes No

Has your dog ever bitten a person or animal causing injury or death? Yes No

Has your dog ever been in a dog fight that ended with injuries? Yes No

Does your dog tend to look for ways to escape? Yes No

Has your dog ever tried to climb a 6 foot fence? Yes No

Does your dog play with toys? Yes No

Does your dog have a barking problem? Yes No

Does your dog use his/her mouth roughly on you or your family? Yes No

Has your dog had obedience training? Yes No

Which level Beginner Intermediate Advanced

Does your dog travel well? Yes No

Does your dog walk on a lead? Yes No

Does your dog prefer certain sexes of dogs? Male Female

Are there any behavioural or social issues we may need to be aware of with your dog? Yes No

Please provide details here

Name of Vet

Address of Vet

Vet Telephone:

In the unlikely event of emergency my contact number is:

You are strongly advised as a matter of good practise to have Pet Insurance

Do you have pet insurance? Yes: No: Name of your Insurer?

**By signing this document you are aware Citidogs are not liable for vet bills.
See Service Contract & Creche Rules**

LEAD DISCLAIMER

The information I have given is a true reflection of my dog's health.

I agree to the terms and conditions of all Citidogs's policies.

Owners signature:

Date:

Print name:

Daytime Number:

Evening Number:

The Dog has been Assessed by Citidogs and approved:

The Dog has been considered unsuitable for Citidogs and owner has been advised due to the following reasons:

