



Day Care Application Form

Owner's Details

Name: _____

Address: _____

Phone: _____ Email: _____

Alternative Contact Details

Name: _____

Phone: _____ Email: _____

Veterinary Details

Practice: _____

Address: _____

Phone: _____ Vet's Name: _____

Dog's Details

Name: _____ Breed: _____

DOB: _____ Microchip Number: _____

Sex: Male / Female Desexed: YES / NO (dogs over 6 months of age must be desexed)

C5 Vaccination Date: _____ Next Due Date: _____

**Please attach a copy of your dog's vaccination record*

Flea, Tick, and Worm Prevention (Brands): _____

Allergies/Dietary Requirements: YES / NO DETAILS: _____

Health Issues: YES / NO DETAILS: _____

Medication: YES / NO DETAILS: _____

Behaviour History

Has your dog attended Day Care before: YES / NO

Does your dog respond to basic commands (sit, stay, etc.): YES / NO

Is your dog housetrained: YES / NO

Is your dog: Outgoing/Energetic Shy/Reserved Other

Details: _____

Is your dog comfortable with strangers: YES / NO

Details: _____

Does your dog get along with: Large dogs Small Dogs Both

Details: _____

Is your dog sensitive to touch on specific body parts: YES / NO

Details: _____

Does your dog display any of the following:

Separation Anxiety Excessive Barking Mouthiness Fence Jumping

Escaping Toy/Food Aggression Aggression towards other dogs/humans

Additional details that we should be aware of: _____

** If you have a second dog, please proceed to the next page. If not, please skip to page 4**

Second Dog's Details *(Only if applicable)*

Name: _____ **Breed:** _____

DOB: _____ **Microchip Number:** _____

Sex: Male / Female **Desexed:** YES / NO *(dogs over 6 months of age must be desexed)*

C5 Vaccination Date: _____ **Next Due Date:** _____

**Please attach a copy of your dog's vaccination record*

Flea, Tick, and Worm Prevention (Brands): _____

Allergies/Dietary Requirements: YES / NO **DETAILS:** _____

Health Issues: YES / NO **DETAILS:** _____

Medication: YES / NO **DETAILS:** _____

Behaviour History

Has your dog attended Day Care before: YES / NO

Does your dog respond to basic commands (sit, stay, etc.): YES / NO

Is your dog housetrained: YES / NO

Is your dog: Outgoing/Energetic Shy/Reserved Other

Details: _____

Is your dog comfortable with strangers: YES / NO

Details: _____

Does your dog get along with: Large dogs Small Dogs Both

Details: _____

Is your dog sensitive to touch on specific body parts: YES / NO

Details: _____

Does your dog display any of the following:

Separation Anxiety Excessive Barking Mouthiness Fence Jumping

Escaping Toy/Food Aggression Aggression towards other dogs/humans

Additional details that we should be aware of: _____

Waiver and Release Statements

- I understand that it is my responsibility to provide L.A. DOGS PTY LTD with honest and correct information. All required vaccinations, flea, tick and worm preventions must be up to date.
- I agree that my dog(s) may be photographed or recorded for social media or promotional uses.
- I understand that L.A. DOGS reserves the right to refuse a dog from attending Day Care and cancel their enrolment at any time. Aggressive behaviour will not be tolerated for the protection of your own dog, other dogs, and our employees.
- I understand that whilst all care and effort will be taken to prevent injuries, your dog may be injured due to accidents no amount of supervision could have prevented. Risks associated with a Day Care environment includes: accidental injury caused by play, cuts and abrasions, broken nails, and sore pads.
- I understand that I must inform L.A. DOGS of any illnesses that my dog(s) may present with and my dog will not be allowed back until deemed healthy by a vet. A confirmation letter from your vet may be required.
- I understand that if I am unable to be contacted, L.A. DOGS reserves the right to take your dog(s) to the vet at my own cost if my pet has any injury or illness that needs immediate attention or is potentially contagious.
- I hereby release and indemnify L.A. DOGS, its employees, and its agents from and against all liability, actions, claims, and damages of any nature. I understand that under no circumstances will L.A. DOGS be liable for any damages, loss, legal or medical expenses of any nature that may arise from my dogs participating in services provided by L.A. DOGS. It is the your own responsibility for any treatments or costs involved.

**I HAVE READ THIS WAIVER AND UNDERSTAND AND ACCEPT ALL
OF THE TERMS AND CONDITIONS.**

Name: _____ **Date:** _____

Signature: _____