



35 Jarrad Street COTTESLOE 6011

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**ABN** 50 575 113 366

## Enrolment Form

### Dog Details

Name		D.O.B.	
Breed		Colour	
Microchip no		Weight	
Sex			
Desexed	<input type="checkbox"/> Yes (certificate required)	<input type="checkbox"/> No (puppies 3-6m permitted)	
C3/C5 vaccinated	<input type="checkbox"/> Yes (certificate required)	<input type="checkbox"/> No	Date:
Flea prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Owner Details

Main Caregiver	Emergency contact?	Y	N
Name			
Address			
Mobile			
Other phone			
Email			

Second Contact Person	Emergency contact?	Y	N
Name			
Address			
Mobile			
Other phone			
Email			

Third Contact Person		Emergency contact?	Y	N
Name				
Address				
Mobile				
Other phone				
Email				

### Veterinary clinic details

Vet clinic name	
Address	
Phone	
Please provide details of any medical issues you are aware of, including history of illness or injury.	

How long have you owned your dog?	
Does your dog have any behavioural or medical issues we should be aware of?	
Has your dog been in daycare before?	
How many times per week is your dog walked?	
Does your dog regularly socialise with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your dog's personality.	
How does your dog react when meeting another dog for the first time?	
Has your dog ever been attacked by another dog? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.	
Has your dog ever attacked or bitten another person or animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.	
Does your dog display any of the following behaviours?	
<input type="checkbox"/> Separation anxiety <input type="checkbox"/> Possessive about toys <input type="checkbox"/> Jealousy <input type="checkbox"/> Crying <input type="checkbox"/> Excessive digging <input type="checkbox"/> Chewing <input type="checkbox"/> Jumping up on people <input type="checkbox"/> Dominance <input type="checkbox"/> Jumping fences <input type="checkbox"/> Aggression	
<input type="checkbox"/> Is there anything else we should know about your dog?	