

**Yappy
Days**



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Unit 3, 7 Day Road Rockingham WA 6168
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post: PO Box 2153, Rockingham DC WA 6967

ENROLMENT FORM - DOG OWNER DETAILS

Date: _____

Name _____

Address _____

Suburb _____ Postcode _____

Home phone _____ Mobile _____

Business phone _____ Email _____

Emergency contact _____

Additional person authorised to collect your pet

Name _____

Home phone _____ Mobile number _____

ANIMAL DETAILS

Name _____ Breed _____

Colour/s _____ Age (DOB) _____ Male Female

Desexed Yes No Date of procedure _____

C5 vaccination Yes No Date of last C5 _____

Microchipped Yes No Flea prevention Yes No

If fleas, ticks and intestinal worms are found on your animal, Yappy Days will treat the animal at the owner's cost due to the rapid spread of these ailments if left untreated.

Is your pet taking regular medication? Yes No

If Yes - Name of medication _____

Reason/condition _____ Dosage (frequency and amount given) _____

VETERINARY CARE

While the safety, health and wellbeing of your pet is our priority, we understand there are times when the unforeseen occurs. In these circumstances, We are happy to use your nominated veterinarian if you prefer. All veterinary and associated costs will be the owner's responsibility.

Veterinarian _____

Business phone _____ After-hours phone _____

ADMISSION BEHAVIOURAL ASSESSMENT

Yappy Days is a socially interactive play centre and grooming facility for dogs. Your dog will be mixing with other dogs during the course of their fun-filled day. However, dogs with an aggressive tendency and those that are poorly socialised and display aggressive behaviours cannot be accepted into the centre. A brief first-day behavioural and health assessment will be conducted on every dog, and this will determine your dog's social abilities, health and if he/she is suitable for this type of indoor play environment we offer.

ANIMAL HEALTH HISTORY

Has your dog had any hip, elbow, knee or other joint problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your dog had any skin problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your dog had any ear problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your dog been recently ill?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered yes to any of the above, please provide details _____

BEHAVIOURS AND EXERCISE

Where did you acquire your dog? _____

How old was your dog when you acquired him/her? _____

If adopted, were you aware of your dog's history? _____

If yes, please provide details _____

Has your dog attended a previous doggy day care facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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How does your dog cope with being alone? _____

How often do you walk your dog? _____

How long is a typical exercise session? 15min 30min 45min 60min

How do you exercise your dog? _____

How often do you socialise your dog with other dogs?

Once daily Twice daily 2-3 times a week Other

Do you allow your dog to be off leash with other dogs? Yes No

If no, please provide reasons _____

Does your dog display any of the following behaviours?

Excessive barking Shyness/apprehension Mounting dogs/people
Jumping up on people Separation anxiety Jumping fences Mouthing/biting?

Do you correct any/all of these behaviours? _____

How does your dog react around puppies or high-energy dogs? _____

How does your dog react when around other dogs? _____

Is your dog fearful/shy around unfamiliar dogs? _____

Has your dog ever been pinned or frightened by another dog? _____

Please provide details if your dog displays fear/anxiety or triggered by certain situations, such as thunderstorms, loud noises, skateboards or other objects _____

Does your dog play with toys? Yes No Favourite toy _____

Does your dog share food, toys well? Yes No

Are there areas your dog does not like to be touched (tail, back?) _____

ANIMAL TRAINING HISTORY

Did your dog attend puppy preschool? Yes No

Has your dog done any behavioural training? Yes No

Please Describe _____

What type of lead do you use? Halter Flat collar Correction chain Halti

Do you use treats to reward your dog? If yes, what are the favourites? _____

What percentage of the time does your dog obey the following commands?

Sit _____ % Drop _____ % Stay _____ % Come _____ %

If your dog has any “personality quirks” or if certain situations cause him / her to display aggressive behaviour please provide us with the details here

AND FINALLY

Please assist us in our marketing by telling us how you heard of us

Social Media / Newspaper / Bill board advertisement / word-of-mouth / Drive by / Recommended

If you were recommended by a current customer, please tell us who so we may reward them

Human Name _____ Pet Name _____

DECLARATION

By signing the below, I acknowledge that I accept all risk when leaving my pet in the care of Yappy Days, and that I have read and understood the Yappy Days waiver.

_____ **Signature of animal owner**

_____ **Print full name** _____ **Date**