



DEPUTY DOG

DAYCARE and GROOMING

07816 147511

DAY CARE REGISTRATION FORM

OWNERS DETAILS

Name:	
Address:	
Postcode:	
Contact Number/s	
Email:	
Emergency Contact (1) Name:	
Emergency Contact (1)Tel:	
Emergency Contact (2) Name:	
Emergency Contact (2)Tel:	
Additional Information:	

PET DETAILS

Dogs Name:	Male / Female
Dogs Age:	
Dog Breed:	
Colour:	
Weight (approx. kgs):	
Spayed or Neutered?	YES / NO
Insured? YES / NO	YES / NO
Date Last Vaccinated and last Flea/Worm Treatment:	(Approx)

PET HEALTH

Name of Vet:	
Tel of Vet:	
Address Vet:	
Allergies/Medical Conditions:	

PET BACKGROUND

Does your dog show aggression towards dogs or people?	YES / NO
Does your dog have any issues with loud noises (fireworks etc)	YES / NO
Does your dog require any medication whilst in our care? If yes, please give details:	YES / NO

ADDITIONAL NOTES



Please use the space below to give us any further information you think we should know about caring for your dog.

TERMS OF BUSINESS

Deputy Dog Daycare SA1(DDDC SA1) will only accept dogs that:

- Have an ID tag with information required by law on
- Has a microchip (also required by law)
- Wearing a safe, fixed collar suitable for size and weight
- Dogs must be vaccinated and kept up to date.

1. DDDC SA1 will accept your dogs for only the period agreed, charges will apply for late pick up. Please see liability form for further information.

2. Any foods that are required must be provided and labelled

3. Any medication that your dog requires must be provided with written instructions.

4. The customer will inform DDDC SA1 full of any characteristics of the dogs that need to be known for handler and care.

5. DDDC SA1 will obtain any emergency care that may be necessary during their time in care. Every effort will be made to contact the customer prior to obtaining any emergency veterinary care and if the regular veterinarian is unavailable then a local alternative will be used. The customer is responsible for any charges related to emergency care, as stipulated in the liability forms.

With my signature below, I certify that the information I have given is accurate and that I have also received and signed the liability forms as provided by DDDC SA1.

Signed:	
Print Name:	
Date:	
Received by:	for DDDC SA1