Croft Doggy Daycare

ONBOARDING INFORMATION

Doggy Information

Owners name	_____ *First* _____ *Last*	Date:	_____
Address:	_____ *Street address*	Phone:	_____
	_____ *Town/City* _____ *County* _____ *Post Code*	Email:	_____

Name of Doggy	_____
Breed of Doggy	_____
Date of Birth of Doggy	(Approximate age if date unknown) _____

Sex of the Doggy	Male ☐	Female ☐		
Is your Doggy neutered?	Yes ☐	No ☐		
Is your Doggy microchipped?	Yes ☐	No ☐	Microchip Number	_____
Are the Microchip details up to date?	Yes ☐	No ☐	Microchip Company	_____

Emergency Contact Numbers

Please list at least one number but more preferred

Name:	_____	Relationship:	_____
Contact Number:	_____		
Name:	_____	Relationship:	_____
Contact Number:	_____		

Vets name and contact number:	

Does your Doggy have an ID tag?	Yes ☐	No ☐
Does your Doggy have insurance?	Yes ☐	No ☐
Are vaccinations/flea/worming treatments up to date?	Yes ☐	No ☐
Does your Doggy have any health issues?	Yes ☐	No ☐
If yes, please give details here:		
Can your Doggy be walked off lead? (We will wait until we feel comfortable with recall).	Yes ☐	No ☐
Can your Doggy be walked with other dogs?	Yes ☐	No ☐
Can your Doggy be fed with other dogs?	Yes ☐	No ☐
Can your Doggy be boarded with other dogs?	Yes ☐	No ☐
Has your Doggy ever been or shown aggression to other dogs?	Yes ☐	No ☐
If yes, please give details here:		
Has your Doggy ever been or shown aggression to a person?	Yes ☐	No ☐
If yes, please give details here:		

Is your Doggy House Trained?	Yes ☐	No ☐
Does your Doggy have any restrictions on exercise?	Yes ☐	No ☐
If yes, please give details here:		
Does your Doggy have any special diet and feeding instructions or does any medicine need to be administered?	Yes ☐	No ☐
If yes, please give details here:		

Disclaimer and signature

- We reserve the right to stop walking your dog if they are aggressive to other dogs or people.
- Croft Doggy Daycare are not responsible for third party claims while your dog is in our care.
- Owner gives permission for Croft Doggy Daycare to act as guardian for the pet named above and authorise veterinary treatment should it be deemed necessary in an emergency.
- Full payment terms will be agreed at time of booking.

I confirm, as the person named on this agreement, that I have completed this form to the best of my knowledge.

Signature: _____ Date: _____