

DOG ADMISSION FORM

Owners Name..... Address.....

Phone..... Mobile..... Email.....

Emergency Contact..... Phone..... Mobile.....

Additional Contact..... Phone..... Mobile.....

Name of Veterinarian..... Phone.....

I agree that in case of emergency my dog/s should attend the Evans Head Veterinary Clinic for treatment due to its proximity. Please circle Yes I agree No only seek treatment from Veterinarian named above.

Are you supplying soft bedding? Yes No If no, would you like us to provide a fleecy pad for your dogs comfort? Yes No (Not recommended for chewers, replacement cost \$40)

Dogs Name..... Breed/ Colour..... Age..... Sex..... Desexed Yes No

Heartworm treatment current Yes No Worming treatment administered regularly Yes No

Is your dog on medication.....

Does your dog have any health issues.....

Does your dog have any behavioural issues.....

Does your dog have any special dietary requirements.....

Are you supplying your own food.....

Has your dog ever shown aggression..... If yes To other dogs Yes No

To any person Yes No

Around food Yes No

2nd Dogs Name..... Breed/ Colour..... Age..... Sex..... Desexed Yes No

Heartworm treatment current Yes No Worming treatment administered regularly Yes No

Is your dog on medication.....

Does your dog have any health issues.....

Does your dog have any behavioural issues.....

Does your dog have any special dietary requirements.....

Are you supplying your own food.....

Has your dog ever shown aggression..... If yes To other dogs Yes No

To any person Yes No

Around food Yes No

IF YOUR DOG IS ON PRESCRIBED MEDICATION, PLEASE BRING IN ORIGINAL PACKAGING WITH DOSAGE AND PRESCRIBING VETERINARIAN CLEARLY VISIBLE.

I HAVE READ AND SIGNED THE CONDITIONS OF BOARDING CONTRACT AND AGREE TO BE BOUND BY ITS TERMS.

I AM AWARE I WILL BE CHARGED REPLACEMENT VALUE FOR ANY ITEMS/BEDDING THAT MAY BE DAMAGED BY MY DOG/S.

I AM AWARE THAT DURING MY PETS STAY AT PAW PARK PET RESORT IT MAY BE PHOTOGRAPHED AND THE PHOTOS USED FOR ADVERTISING PURPOSES OR DISPLAYED ON SOCIAL MEDIA.

Name (Please print)..... Signature..... Date.....

We would love to know how you found us eg: Television, friend, vet, google etc.....