



Your Details

First Name _____ **Last Name** _____

Home Tel. _____ **Mobile Tel.** _____

Emergency Tel. _____ **Email** _____

Address _____

Postcode _____

Your Dogs Details

Name _____ **Nicknames** _____

Breed _____ **Gender** Male Female

Age _____ **Birthday** _____

Castrated/Spayed? Yes No

Is your dog: Micro chipped Wears an ID collar

Does your dog live inside or outside? _____

Please describe their character? _____

Is your dog handled/walked on a lead daily? _____

Does your dog enjoy any specific games? _____

Does your dog have any fears/dislikes? _____



Your Dogs Health and Happiness

Is your dog up-to-date with all flea, tick and worm treatments? Yes No

Does your dog have any allergies? _____

Does your dog have any previous, reoccurring or current medical conditions? _____

Is your dog taking any medication?

- It is your responsibility to keep us informed of any new or developing conditions.

- If we are required to administer any medication during your dogs stay with us you will be required to supply packaged medication along with specific instructions at the beginning of each visit. An additional permission form will need to be filled in and completed on site.

Does your dog have dietary requirements? _____

Can we reward your dog with treats for good behaviour? Yes No

Do you have any specific exercise requirements other than off the lead supervised fun time and controlled walking on the lead?

Is your dog allowed to relax on chairs/sofas at home or are they restricted to their pet beds?

How are you wanting your dog to benefit from their time at Poochy Pals?

Can we use photos of your dog on our website/Facebook page? Yes No



Your Veterinary Authorisation Details

Name of your dogs veterinary surgery _____

Address _____

Telephone _____

- *I give permission for POOCHY PALS DOGGY DAY CLUB to act as a guardian for my pet/s registered with them, I authorise the above vets/or the vets to which POOCHY PALS DOGGY DAY CLUB are registered (whichever being the most appropriate) to treat my pet/s in case of illness.*
- *I will be responsible for any vets charges that may be incurred.*
- *I am happy for POOCHY PALS DOGGY DAY CLUB to take any action suitable in order to keep my pets in good health.*
- *I give POOCHY PALS DOGGY DAY CLUB permission to transport my registered pet/s to the vets.*
- *I agree that in the event of surgery or euthanasia POOCHY PALS DOGGY DAY CLUB will accept the advice of the vet and the owners emergency contact will be contacted.*

By signing I agree with the statement above.

Signed _____

Date _____

Print _____



Terms of Service

- The downloadable registration form must be fully filled in prior to your dog coming to stay with us.
- Any new customers of Poochy Pals will be required to pay for their first session in full either prior to/or on arrival at their first session.
- You will be invoiced monthly and we would ask that you make payment **within 7 days** of receiving your invoice, payments should be made via cash or BACS, payment details are specified on the invoice.
- Additional fees will be charged for early drop-offs and late collections outside of our specified session times.
- A minimum of 24 hours notice must be given of any cancellation or changes made to booked sessions or you may be charged the full amount.
- Dogs should always wear a collar with an attached name tag showing preferable contact information.
- All dogs attending sessions must be fully up to date with vaccinations, tick, flea and worming treatments. Dogs will be unable to attend a session at Poochy Pals if they are within the 7 day period after receiving vaccinations.
- Kennel Cough, although every care is taken to prevent contact with dogs with kennel cough, the incubation period means that it is always possible your dog may pick this up and we cannot be held liable for your dog contracting kennel cough. We strongly advise you discuss kennel cough vaccination with your vet.
- As far as practically possible Poochy Pals will make every possible effort to ensure that all dogs in our care are happy and supervised at all times whilst exercising and socialising, however, by allowing your dog to be cared for by us you accept ultimate responsibility and liability for any loss, accident, injury or death to your dog or to another dog as a result of your dogs behaviour.
- We do not accept puppies who are still in their vaccination period.



Terms of Service continued

- Failure to provide us with any information regarding your dogs health concerns and history, behavioural, social and antisocial tendencies and habits which may affect the way we care for your pet and the way we integrate them with other animals or effect or disrupt any other animal in our care or person may result in a breach of contract and services may be ceased.
- We are unable to accept dogs that have anti-social behavioural tenancies, or have shown to be aggressive. Should the clients dog demonstrate any aggressive or anti-social behaviour towards any other animals or persons on site, Poochy Pals reserves the right to cancel any bookings with immediate effect.
- We reserve the right to change services and rates at any time but will give as much notice in advance as possible.

I have filled out this form correctly and agree to the POOCHY PALS terms and conditions of service.

Signed _____

Date _____

Print _____



Medical Administration Form

Medication Details

Name of Dog _____

Reason for medication _____

Medication to be administered _____

How and when to administer medication _____

I agree for POOCHY PALS DOGGY DAY CARE to administer the medication specified to my dog.

Signed _____

Date _____

Print _____