

# DOGGIE DAYCARE & HOTEL MEMBERSHIP APPLICATION FORM



## Dog Details

Name

Sex

Birthday

Microchip No.

Breed

Weight

Colour

De-sexed Yes  No

## Owner Information and Details

First Name  Surname

Address

Suburb  Post Code

Home Phone  Mobile

Email Address  Tick if you wish to receive email updates

### How did you hear about us?

Word of mouth  Flyer  Magazine  Email

Internet  Vet  Other:

Referred by a Pets in the City customer  Name of existing customer:

Do you give us permission to use your dog/s image/s on the Pets in the City Facebook page and promotional material?

Yes  No

## Additional person authorised to pick up your dog

First Name  Surname

Mobile  Relationship to you

## Emergency Contact (if urgent contact is required during the day and you are not available)

First Name  Surname

Mobile  Relationship to you

# Veterinarian Information

Vet Practice

Phone

Address

Do you authorise us to contact your vet in regards to your dogs health and vaccination status?

Yes

No

## Dog Health & Medical (Please tick if yes)

Kennel Cough Vaccine

Date Received

Date Due

5 in 1 (DHPPV, Distemper, Parvo etc)

Date Received

Date Due

Lepto Virus

Date Received

Date Due

Flea Treatment

Date Received

Date Due

Worm Treatment

Date Received

Date Due

Please bring along your Dog's Pet Passport on your first visit to Pets in the City to verify vaccinations.

Does your dog have any medical conditions?

Has your dog any hip, elbow, knee or other joint problems

Yes

No

Has your dog ever had any skin problems

Yes

No

Has your dog ever had any ear problems

Yes

No

Has your dog had any recent illnesses

Yes

No

If yes to any of the above, please provide details

Does your dog require medication during their stay at Pets in the City?

Yes

No

If yes, please provide the following details:

Reason for medication

Name of medication

Please provide details for administering medication if required during your dog's stay with us

Hotel Guests Only: What type of food do you feed your dog?

Brand

Type of Food

Dry

Wet

Frequency

Quantity

Instructions (e.g feed alone)

## Dog History, Behaviour & Exercise

Where did you get your dog from?

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

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

Yes

No

If yes, please provide details

Do you leave your dog unattended at home ? Yes  No

If not, please explain why not

If you do leave your dog at home alone, how does your dog behave?

Sleeps  Fairly Ok  Destructive  Distressed  I have never left him/her unsupervised

How often do you walk your dog?

How long is the typical exercise session? (mins) 15  30  45  60+

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

If not, please explain why

How often do you socialize your dog with other dogs?

Once daily  Twice daily  2-3 times weekly  Other

Does your dog display any of the following behaviours?

Excessive barking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shyness or Apprehension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Separation anxiety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mounting dogs/people	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Jumping fences	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mouthing/biting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Jumping up on people	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Do you correct any of this behaviour? Yes  No

Please provide further details if necessary

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

How does your dog react when approached by other dogs?

Off lead

On lead

Is your dog shy/fearful around unfamiliar dogs Yes  No

Has your dog been bitten/pinned/frightened by another dog or incident? Yes  No

If Yes, please provide details

How does your dog interact with new people (inside and outside the home)?

Has your dog ever

Reacted negatively around food?

Yes  No

Growled at someone?

Yes  No

Bitten someone?

Yes  No

Escaped from your property?

Yes  No

If Yes to any of the above, please provide details:

Does your dog display fear or anxiety by the following

Sudden noises

Yes  No

Certain people

Yes  No

Skateboards or other objects?

Yes  No

Certain situations

Yes  No

If Yes to any of the above, please provide details:

Does your dog play with toys?

Yes  No

If yes, favourite toy

Does your dog share food, toys and other objects well?

Yes  No

Are there areas your dog does not like to be touched (ie. Mouth, tail, collar)

Yes  No

If Yes, please provide details and reasons why if known

## Training

Did your dog attend puppy school?

Yes  No

Has your dog attended any other training?

Yes  No

If Yes, give details of the training, trainer and date complete

Training method used

Voice

Hand

Clicker

Is your dog Housetrained

Crate trained

Lead trained

Tricks Trained

Do you use/reward with treats?

Yes  No

Do you use 'time out' technique?

Yes  No

Does your dog know any of the following commands?

Sit

Stay

Heal

Come

Off

Leave

Down

Wait

Quiet

Do you use any other command words? (please specify)

## Dog Services

Has your dog stayed at a Pet Hotel or Kennel facility before?

Yes

No

If Yes, which facility?

Has your dog been to Daycare /Pet minder before?

Yes

No

If Yes, which facility?

Have you used a Groomer before?

Yes

No

If Yes, which one?

Has your dog had a bad experience with any of these?

Yes

No

If Yes please provide details:

## Pets in the City Services

To help us better understand your and your dog's needs and to ensure we give you the best possible service, please indicate the type of services that you are interested in at Pets In The City. Please note that showing interest in these services does not commit you ongoing to any of these services.

### Dog Day Care

Yes

No

Frequency

Half or full day

Preferred day/s (mon, tues wed etc.)

### Dog Boarding

Yes

No

### Pet Taxi

Yes

No

### Grooming

Yes

No

Full groom

Hygiene Clip

Pamper Bath

Nails Only

### Training

Yes

No

Puppy preschool

Basic manners

Obedience

Tricks & ability

### Cat Boarding

Yes

No

## Assessment Sessions

All assessments are conducted between 8:30 and 10:30 on Tuesdays and Thursday (or by personal appointment). Your dog will stay with us for either a half day or full day as part of their assessment.

We will be in contact with you shortly to arrange a day that suits you and your dog.

MT WELLINGTON 6 Tiri Place P: 09 259 4666 E: mtwellington@petsinthecity.co.nz

WAIRAU PARK 76 Ellice Road P: 09 558 5100 E: wairau@petsinthecity.co.nz

WWW.PETSINTHECITY.CO.NZ



## Terms & Conditions of Hotel & Daycare

1. The owner agrees to pay for the full contracted booking, in the event of the pet being picked up before the due date of departure. Peak rates may apply during certain periods. Please ask for details.
2. The booking is not confirmed until the appropriate deposit is paid. In the event of a cancellation the deposit will be held as credit for the next booking.
3. The Owner agrees to pay all costs and charges for special services requested and all Veterinary costs incurred for the pet during their stay.
4. The owner must advise Pets in the City of any medical conditions or temperament issues appertaining to their pet prior to entering the facility. The Owner authorises Pets in the City or the insurer full access to the pet's Veterinary/medical records if required.
5. All pets must be treated for fleas, ticks and worms prior to visiting Pets in the City. If fleas, ticks or worms are present on the pet, Pets in the City reserve the right to treat the pet and charge for the service.
6. The Owner agrees that if the pet becomes ill or injured and in the opinion of Pets in the City requires medical attention, Pets in the City is authorised to engage a Veterinarian (the Owners Vet will be engaged if possible) and administer medicine as directed by the same. All costs incurred are to be paid by the pet Owner upon check out.
7. The pet will not be release to the Owner until all costs have been paid.
8. The Owner must provide documentation that all vaccinations are current according to Veterinarian requirements (including Lepto' and Kennel Cough (12 month) for Dogs). However it must be understood even though all guests at Pets in the City are vaccinated, this may not fully protect your pet. Your Vet will advise further.
9. The Owner understands that Pets in the City operates a communal interactive play group environment and accepts the positive benefits and potential risks involved.
10. Check in and check out is available 7 days a week any time from 7.00am until 7.00pm for the Hotel and 7.00am until 6.00pm for Doggie Daycare. Closed to public Christmas Day, New Years Day and Easter Sunday.
11. The room for your pet is reserved and charges start on the first day of the booking. If the pet is checked out on the last day prior to 11am, that day is not charged. If check out is after 11am a full day is charged.
12. Accepted methods of payment are MasterCard, VISA and Cash. Also direct credit by prior arrangement.
13. Once signed, this contract is valid for all subsequent Hotel and Daycare visits. However the terms and conditions of this contract are subject to change without notice. It is recommended the Owner update themselves on each visit or via our website.
14. Please list medical conditions, temperament issues, feeding or any other special requirements:

**Pets name**

**Family name**

**Signature**

**Today's Date**