



Doggy Day School Registration Form

Comprehensive Enrolment and Information Form

Thank you for your interest in Doggy Day School! To ensure the best care and experience for your dog, please complete the following form in detail. All information provided will be kept confidential and used solely for the purposes of your dog's care and safety while at Doggy Day School.

Section 1: Owner Information

- Full Name: _____
- Address: _____
- City: _____
- State/Province: _____
- Postal Code: _____
- Primary Phone: _____
- Secondary Phone: _____
- Email Address: _____
- Emergency Contact Name: _____
- Emergency Contact Phone: _____
- Relationship to Owner: _____

Section 2: Dog Information

- Dog's Name: _____
- Breed: _____
- Date of Birth/Age: _____
- Gender: Male Female
- Spayed/Neutered: Yes No
- Colour/Markings: _____
- Microchip/Tattoo Number: _____
- Does your dog wear a collar? Yes No
- Identification on Collar: _____
- Vet Clinic Name: _____
- Veterinarian Name: _____
- Veterinarian Phone: _____



Section 3: Health & Medical Information

- Is your dog up to date on vaccinations? Yes No
- Please indicate the date of your dog's last vaccinations:
- Canine Parvovirus/Distemper/Hepatitis: _____
- Canine Leptospirosis: _____
- Bordetella (Kennel Cough): _____
- Other: _____
- Is your dog up to date with flea and worm treatment? Yes No
- What treatment is used and when was the last treatment? _____

I understand that if my dog comes into contact with any infectious diseases or has a dry, hacking, cough (Kennel Cough – which is highly contagious) I will advise Doggy Day School immediately and not attend Doggy Day School until given clearance from my vet.

If my bitch comes into season, I will not bring her to Doggy Day School until she has finished her season.

Does your dog have any medical conditions or allergies? Yes No

If yes, please specify: _____

Is your dog on any medication? Yes No

If yes, please list medications, dosage, and administration details:

Has your dog undergone any surgeries (including neutering/spaying)? Yes No

If yes, please elaborate: _____

Does your dog have any disabilities or special needs? Yes No

If yes, please explain: _____

Are there any restrictions on your dog's activities? Yes No

If yes, please explain: _____



Section 4: Behaviour & Socialization

- How long have you had your dog? _____
- Where did you obtain your dog? (Breeder, Shelter, Rescue, Other):

- Does your dog have experience in group play/daycare settings? Yes No
- How does your dog react to:
- Other dogs: _____
- Strangers: _____
- Children: _____
- Loud noises or sudden movements:

Does your dog have any known fears or triggers? Yes No

If yes, please describe: _____

Has your dog ever bitten or shown aggression toward a person or another animal? Yes No

If yes, please explain the circumstances:

Does your dog have any resource guarding tendencies (food, toys, people)? Yes No

Does your dog bark, whine, or howl excessively? Yes No

Is your dog house-trained? Yes No

Is your dog crate-trained? Yes No



Section 5: Daily Routine & Care Instructions

- Preferred drop-off time: _____
- Preferred pick-up time: _____
- Does your dog require feeding during daycare hours? Yes No
- If yes, please describe feeding schedule and type of food:

- Does your dog have any special dietary restrictions or preferences? Yes No
- If yes, please specify: _____
- Does your dog need any special accommodations during rest/nap time? Yes No
- If yes, please specify: _____
- Is your dog allowed treats from staff? Yes No
- If yes, any treat restrictions? _____
- Favourite toys/activities: _____
- Additional instructions for your dog's care: _____

Section 6: Permissions and Agreements

- Permission to photograph/video your dog for promotional or internal purposes: Yes No
- Permission for supervised off-leash play: Yes No
- Permission to administer first aid/emergency veterinary care if needed (at owner's expense):
 Yes No
- Release of liability waiver: I understand and agree that Gone To The Dogs Doggy Day School will take all reasonable precautions to provide a safe environment, but cannot accept responsibility for injuries, illness, or accidents that may occur. Yes No
- I agree that I attend Gone To The Dogs Doggy Day School with my dog at my own risk. I accept that Gone To The Dogs and any person working for them cannot be held responsible for any damage caused by my dog to other dogs or persons or to me or my dog. I accept full responsibility for my dog, myself and my possessions before, during and after Doggy Day School.
- Where my dog attends Gone To The Dogs Doggy Day School, I accept that Gone To The Dogs reserves the right to provide medical care and attention to my dog as they deem appropriate and if veterinary attention is required, all associated costs are my responsibility.



- All costs occurring due to the actions of my dog to other dogs or by other dogs to my dog are my responsibility.
- I confirm that the information I have given on this form is correct and accept by leaving my dog at Gone To The Dogs Doggy Day School, I have, by my actions, agreed to these terms.
- Gone To The Dogs Doggy Day School reserves the right to request the removal of any dog, or owner, whose behaviour is unacceptable or detrimental to the safety and comfort of our staff or other clients, either human or canine.

- Signature: _____
- Date: _____

Section 7: Additional Notes

Please use this space for any additional comments, concerns, or information you wish to share about your dog or your preferences for their care:

- _____
- _____
- _____

Section 8: Office Use Only

- Date Application Received: _____
- Reviewed By: _____
- Initial Assessment Date: _____
- Notes: _____

Thank you for completing the Doggy Day School Registration Form! We look forward to welcoming your dog and providing a safe, engaging, and fun environment. If you have any questions or concerns, please contact us at vicky@gonetothedogs.org.nz