



Dog Daycare Application Form

Please fill out all information on Pages 1 - 5

Owner Information

01

Title (Mr/Mrs/Ms/etc)

Forename & Surname

Email

Home Phone

Work Phone

Mobile Phone

Home Address

Partner/Spouse

Title (Mr/Mrs/Ms/etc)

Forename & Surname

Email

Home Phone

Work Phone

Mobile Phone

Emergency Contact/Pick Up (If urgent contact is required during the day and you are not available)

Title (Mr/Mrs/Ms/etc)

Forename & Surname

Relationship To Owner

Home Phone

Work Phone

Mobile Phone

How many other dogs in household?

Is your dog child friendly?

How did you hear about us?

- Word Of Mouth
 Wags Facebook
 Website

- Leaflet
 Twitter
 Newspaper

- Vet
 Other

Dog Information

02

Name	Breed	Sex Male/Female
<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	Birthday	Spayed/Neutered
<input type="text"/>	<input type="text"/>	<input type="text"/>
Colour	Tagged	
<input type="text"/>	<input type="text"/>	

Veterinarian Information

Vet Practice	Address
<input type="text"/>	<input type="text"/>
Tel Number	
<input type="text"/>	

Dog Medical And Health (if yes please complete)

Kennel Cough	Date Received	Date Due
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
5 In 1 (Dhppv, Distemper, Parvo etc)	Date Received	Date Due
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Flea / Worms Treatment	Date Received	Date Due
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
Any Medical Condition	Please specify (e.g. hip / joints, heart, seizures, please indicate any advice offered by vet)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
Recent / Current Injuries	Please Detail	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
Taking Any Medication	Please Detail	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
Allergies / Food Sensitivity	Please Detail	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	

Where does your dog spend most of its days?

Is your dog allowed on the furniture / bed at home?

Number of walks per day?

Average length of walk (mins)

On lead yes/no

How many times is your dog fed per day?

Are you happy with treats at daycare? Yes No

Has your dog ever ...

- Reacted Negatively around food
- Escaped from your property
- Growled at someone
- Bitten someone

(if yes, please detail)

Socialisation

How often does your dog socialise?

Does your dog enjoy playing with other dogs?

How does your dog react to other dogs on lead?

How does your dog react to other dogs off lead?

Does your dog share/eat food near other dogs?

Does your dog share toys with other dogs?

Training

Has your dog / s attended formal training? (if yes, please detail who with and what level?)

Pet Services/Products Used

04

Have you used a daycare centre before? (If yes, which one?)

Have you used a groomer before? (If yes, which one?)

Has your dog had a bad experience with any of these? (If yes, please detail)

What type of food do you feed your dog?

Dry / Biscuits (Brand)

Other (Brand)

Wet / Tinned (Brand)

Treats (Brand)

Raw (Brand)

Will your dog be due a meal at daycare? If yes what time? you will need to provide a daily portion at each visit

Wags Dog Daycare

To have a better understanding of your dogs needs, please indicate the type of services that you are interested in. These details are used as part of our meet and greet sessions, where you can discuss our services in more detail. This application form does not commit you to any ongoing wags dog daycare.

Daycare

Frequency (casual, 1-5 times per week)

Half or full day

Preferred days

Assessment Mornings

Assessments are available Monday - Friday between 10am and 3pm. You will need to bring a copy of your dogs vaccination papers and leave him/her with for an hour. Call us on 0121 308 0100 to book in.

Liability

I (the owner) confirm to Wags that I am legal owner of my dog; that my dog has not been ill with any contagious disease or condition within the past (30) thirty days and that my dog has received all necessary vaccinations. I understand that Wags is an open day care centre I agree that my dog will socialise with other dogs and I accept the risks involved and agree that Wags are not liable for any injuries or illnesses resulting during my dog's attendance.

I understand that if my dog has a history of aggression or biting, Wags reserve the right to refuse entry to my dog and I have disclosed to Wags any known dangers associated with my dog. Any behaviour deemed dangerous or inappropriate by Wags may result in the instant dismissal of my dog(s)

If using the fetch and return pick up service, I recognise the risks of injury associated with transporting my dog to and from property. I expressively waive and relinquish any and all claims against Wags, its employees and representatives, except those arising from negligence on the part of Wags.

I understand that under no circumstances will Wags be liable for consequential damages or damages beyond the replacement value of my dog.

If any medical problems develop while my dog is in the care of Wags and I cannot be contacted, I authorise them to do whatever they deem necessary for the safety, health and wellbeing of my dog and I agree to assume full financial responsibility for all expenses incurred.

Payment /Requirements

I understand that I must pay for day care and transportation costs in advance using either standing order, cash or credit/debit card.

I understand that I must give at least 24 hours' notice of cancellation and that I will be charged 100% for 'no shows'. I understand that the hours of operation are 7:30am - 6:00 pm and a £3 late fee charge applies for every 15 minutes thereafter. If I have not picked my dog up by 7:00pm, Wags will make arrangements for overnight boarding at my expense.

If I purchase a half day service and fail to pick my dog up by 1pm, I will be charged the full day rate. If I fail to pick up my dog by 6:00pm, additional late fees will apply as above.

Accept Terms And Conditions

I have read all of the above and agree

Signed

Print Name

Date