

Complete Canine Care



OWNER INFORMATION

Title

Forename & Surname

Home address

Work address

Home Phone

Work Phone

Mobile Phone

Email

PARTNER/SPOUSE

Name

Work Phone

Mobile Phone

How did you hear about us?

Word of mouth

Email

Website

Flyer

Google

Other

EMERGENCY CONTACT/ PICK UP (If urgent pick up during the day is require and you are not available)

Name

Work Phone

Mobile Phone

DOG BASIC INFORMATION

Dog 1: Name

Breed

Sex (M/F)

Age

D.O.B

Desexed

Colour

Registration number

Microchip number

Dog 2: Name

Breed

Sex (M/F)

Age

D.O.B

Desexed

Colour

Registration number

Microchip number

VETERINARIAN INFORMATION

Vet Practice

Telephone Number

Address

DOG MEDICAL AND HEALTH

Kennel cough

Date received

Date Due

5 in 1 (DHPPV, distemper, parvo etc)

Date received

Date Due

Lepto Virus

Date last dose given

Medication used

Flea/Worm treatment

Date last dose given

Medication used

Any medical condition or injuries?

Any allergies/food sensitivity?

Any restriction of movement?
e.g. dysplasia, arthritis

DOG BEHAVIOUR

Is your dog anxious or frightened by any of the following:

Noises People Other dogs Cars Objects

Has your dog ever...

Reacted negatively around food Growled at someone Bitten someone

Shown aggression to other dogs

If you have answered yes to any of the above questions please give details:

Does your dog enjoy playing with other dogs?

Does your dog willingly share toys with other dogs?

Any type of dog your dog automatically dislikes? What games does your dog enjoy? (chase, ball etc)

How often does your dog socialise?

How does your dog react to other dogs on the lead?

How does your dog react to dogs off the lead?

Does your dog willingly share food and toys?

Are you happy with treats at day care/ on walks? Yes No

TRAINING

Has your dog attended formal training? Please Specify

What commands does your dog know?

Sit Stay Heal Come Off Leave Down

Wait

Please specify if you use different words for certain commands

COMPLETE CANINE CARE SERVICES

Please indicate service, frequency and preferred time and days.

Day Care

Frequency(*how many times a week*) Half or full day

Preferred day/s (*Mon-Fri*)

Kennels

Frequency(*how many times a week*)

Preferred day/s (*Mon-Fri*)

School bus (pickup/drop off)

Frequency(*how many times a week*) Pick up, drop off or both

Preferred day/s (*Mon-Fri*)

Grooming Please indicate the frequency that suits you best

Full Groom

Wash/Dry

Nails Only

One-on-one Dog walks

Frequency(*how many times a week*) Time(*Morning, Midday, Afternoon*) Preferred day/s (*Mon-Fri*)

Group Dog walks (Waiatarua Reserve)

Frequency(*how many times a week*) Time(*Morning, Midday, Afternoon*) Preferred day/s (*Mon-Fri*)

EVALUATION SESSIONS

All evaluation sessions are conducted between 7:00am-7:45am on a chosen week day. We will be in contact shortly to book in a day that suits you. Depending on the evaluation, your dog will either stay on for a full day or half day.

TERMS AND CONDITIONS

- I (the owner) hereby declare to Complete Canine Care that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies or parvo within the past thirty days; that my dog has been inoculated as indicated by records present; that my dog is currently and properly licensed.
- I understand that Complete Canine Care’s Day Centre is a cage-free facility. I accept the risks involved and agree that Complete Canine Care is not liable for any injuries or illness resulting during my dog’s attendance.
- I understand that Complete Canine Care take the utmost caution in order to keep my dog safe. I accept the risks of off leash exercise and agree that Complete Canine Care is not liable for any injuries or illnesses resulting during either on lead or off lead dog walks provided by Complete Canine Care.
- I understand that I am liable for any medical care expenses and damages that result from injuries caused by my dog.
- I understand that if my dog has a history of aggression or biting, Complete Canine Care reserves the right to refuse service for my dog and have disclosed to Complete Canine Care all known danger associated with my dog.
- I expressly waive and relinquish any and all claims against Complete Canine Care, its employees and representatives, except those arising from negligence on the part of Complete Canine Care
- I understand that under no circumstances will Complete Canine Care 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 Complete Canine Care, I authorise Complete Canine Care to do whatever they deem necessary for the safety, health and wellbeing of my dog and I agree to assume full financial responsibility for any and all expenses incurred
- I understand that Complete Canine Care have the right to refuse service to me and my dog at any time and for any reason.
- In addition to the terms and conditions set out in this agreement I confirm that I have read and understood the rules and regulations outlined on Complete Canine Care’s website www.completecaninecare.co.nz

PAYMENT REQUIREMENTS

- I understand that I must pay Complete Canine Care in advance for any service being provided apart from grooming
- I understand that I must allow at least 24 hours for notice of cancelation or change in schedule day/time and that I will be charge 100% for ‘no shows’.
- I understand that the hours of operation are 7:00am-6:30pm for all services except the kennels which are open until 7pm. A late \$10 fee applies and another \$10 for every 15minues thereafter. If I have not picked my dog up by 7:30pm, Complete Canine Care 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.

I have read all the above and agree

Signature

Date

OFFICE USE

Date

Staff

Play Group

Database no.