

# Teddy's Doggy Daycare

www.teddysdoggydaycare.com.au



Client (owner) details	
First name	
Surname	
email	
Street	
Suburb & Postcode	
Mobile	

Dog details			
Name		Breed	
Date of birth		Weight	
Male / Female		Colour	
Sterilised	Yes No	Fully vaccinated	Yes No

Attendance Days						
How many days per week		Preferred Days	Mon	Tues	Wed	Fri
Preferred drop-off time (am)		Preferred pick-up time (pm)				

Dog characteristics and preferences			
Favourite toy		Favourite place to sleep	
Favourite game		Favourite treat	
Likes water games	Yes No	Likes to dig	Yes No

Dog characteristics			
Would you consider your dog to be dominant, submissive or neutral			
Walks off lead	Yes No	Plays happily with other dogs	Yes No
Confident with other dogs	Yes No	Wary of particular dogs or breeds	Yes No
Basic obedience (Sit/stay/come)	Yes No	Does your dog "hump" other dogs	Yes No
Has your dog ever been in a fight	Yes No	Has your dog ever bitten another dog or person	Yes No
Is your dog possessive over toys/food/bedding	Yes No	Is your dog afraid of loud noises (eg. thunder)	Yes No

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## Emergency Details

Veterinary Practice		Telephone	
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Address			
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## Alternate Contacts

Name		Mobile	
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Name		Mobile	
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## Any other details that could be important or useful

Is your dog afraid of anything in particular?	
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Does your dog prefer not to be touched in a particular place?	
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Medications?	
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Health issues?	
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Anything else?	
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