



Registration Form

Unfortunately not all dogs are suitable for daycare and we regret that we are unable to accept any breeds proscribed under the Dangerous Dogs Act.

Female dogs that come into season will also not be able to attend for the duration of their season.

If you have any queries regarding the above please give us call on 07985 791762 or email us at: carolinewarwick@yahoo.co.uk

Owners Information

Name:

Address:

Postcode:

Home Phone:

Mobile Phone:

Email:

In Case of Emergency Contact (Must be over 18)

Name:

Address:

Postcode:

Home Phone:

Mobile Phone:

Email:

Pet Information

Name:

Breed (If known):

Colour:

Age/DOB (If known):

Microchip Number:

Continued over

Creature Comforts

Sanibel Westfield Road Wyboston Bedfordshire MK443AY

t:07985 791762 e:carolinewarwick@yahoo.co.uk w:carolinewarwick.wix.com/creaturecomforts

facebook.com/Creature-Comforts-Doggie-Day-Care-pet-service-1691106987841680/

Vet Information

Practise Name:

Vet Name:

Address:

Postcode:

Phone:

Email:

Health Issues

Does your dog have any health issues that you are aware of? Yes ☐ No ☐

Is your dog currently on medication? Yes ☐ No ☐

If yes please name medication:

How is medication applied? e.g. Ointment ☐ Oral ☐ Other ☐

If yes please give details:

When is medication administered? AM ☐ Noon ☐ PM ☐

Amount of medication to be administered?

Does your dog have any medical restrictions on their activities?

Does your dog have any allergies? (Food either pet or human)

About Your Dog

Has your dog ever been in a fight or bitten another dog? Yes ☐ No ☐

Has your dog ever bitten anyone? Yes ☐ No ☐

Has your dog ever attempted to escape by digging under or jumping over fences? Yes ☐ No ☐

Has your dog ever received any form of training? Yes ☐ No ☐

Does your dog play well with other dogs? Yes ☐ No ☐

Does your dog relate well to strangers? Yes ☐ No ☐

Continued over

Does your dog bark at other dogs whilst on or off the lead? Yes ☐ No ☐

Does your dog attempt to take other dog's food or toys? Yes ☐ No ☐

Does your dog nibble their feet? Yes ☐ No ☐

Are there any circumstances or situations that they are frightened of? Yes ☐ No ☐

If yes please give details:

Please give details of any behaviour issues or anything else we should know about your dog:

Vaccinations

Evidence that your dog has vaccinations for the following will be required.

Please ensure that your dog has one of the following treatments monthly:

Advocate • Frontline • Frontline Combo • Stronghold

Please give date of last treatment:

Disclamier

By completing this Registration Form, I hereby confirm that I have read and understood Creature Comforts Terms and Conditions.

Name:

Signature:

Date:
