



GROUP PLAY APPLICATION

CONTACT INFORMATION

First Name:

Last Name:

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Home Address:

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Postal Address: (if different)

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Home Phone:

Daytime Contact Phone (if different)

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Mobile Phone:

Email Address:

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Preferred method of contact for general communications: Email / Post

Named Guardians (emergency contacts and who you permit to drop/collect your dog on your behalf)

Name:

Contact Phone:

YOUR DOG(S)

Name:		
Breed:		
Colour:		
Sex:		
Desexed?:		
Age:		
Birthday:		
Time Owned:		
Registration Number:		
Microchip Number:		

VET AND HEALTH

Name of the Vet Practice you use:

Phone:

Physical Address:

All dogs must have up-to-date vaccinations for:

Kennel cough, 5 in 1 (DHPPV,distemper,parvo etc) and Lepto Virus

We will need to view and take a copy of your current vaccination certificate prior to assessment.

When was your dog(s) last wormed:

When was your dog(s) last defleaed:

Does your dog have any recent injuries, physical limitations, medical conditions allergies or is taking any medication? If yes, please detail:

BEHAVIOUR

What type of activity/exercise does your dog do on a regular basis?

Is your dog worried or frightened by noises, people, other dogs, animals or anything else you think we should know about? If yes, please detail:

Has your dog ever shown negative behaviour around food, people, other dogs? If yes, please detail:

Has your dog ever bitten someone? YES/NO If yes, please detail the situation:

Please describe relevant aspects of your dog(s) personality that you think relevant. Likes, dislikes, preferred play, sharing of toys etc:

What sort of training has your dog done, if any:

Is your dog crate trained? YES/NO

What common commands do you use with your dog?:

SERVICES

Have you used a day care service before? If yes, which one:

Do you use a groomer? If yes, which one:

Where did you find out about DogHQ? IF through an existing customer, who should we thank?

TERMS & CONDITIONS

LIABILITY

I (the owner) confirm to DogHQ that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies or parvo within the past (30) thirty days; that my dog has been vaccinated as indicated by records presented and that its council registration is up-to-date.

I understand that DogHQ is a facility that involves dogs playing in groups. I accept that there are inherent risks involved in this and that DogHQ will not be liable for any injuries or illnesses resulting during my dog's attendance.

I have disclosed to DogHQ all relevant information regarding my dogs history and understand it is my responsibility to keep DogHQ informed of any changes to my dog's behaviour or health in the future.

I waive all claims against DogHQ, its employees and representatives, except those arising from negligence on the part of DogHQ.

I agree that DogHQ will not be liable for any consequential damages or damages beyond the replacement value of my dog.

These terms do not limit any liability of DogHQ under the Consumer Guarantees Act.

If any medical problems develop while my dog is in the care of the DogHQ, I authorise DogHQ to do whatever they believe is necessary for the safety, health and well-being of my dog and I agree to pay all expenses incurred. If that happens, DogHQ will endeavour to contact you as soon as possible using the contact information you have provided.

I also accept that I may be liable for any medical care expenses and damages that result from any injuries caused by my dog.

I confirm that I have read and understood the "Pre-requisites to Group Play" as published at www.doghq.co.nz and that DogHQ reserves the right to refuse entry at any time for any reason.

PAYMENT REQUIREMENTS

I understand that I must pay for any day care in advance using one of our concessions or at the time of drop off.

I understand the hours of operation and that if I fail to collect my dog up by closing, DogHQ have the right to make arrangements for overnight boarding at my expense or for release to the council pound.

If I purchase a half day service and fail to pick my dog up by the half day deadline, I will be charged the full day rate.

I have read and agree to the terms above

Signature:

Date: