



Member Application

Dog Owner Details

Name: _____

Address: _____

Suburb: _____ P/code: _____

Home Phone: _____ Mobile: _____

Employer: _____

Business Phone: _____ Email: _____

Emergency Contact: _____

Phone: _____ Mobile: _____

Additional person authorised to pick up your canine (ID compulsory)

Name: _____

Phone: _____ Mobile: _____

Pet Details

Name: _____

Breed: _____ Color: _____

DOB: _____ Distinguishing features: _____

Desexed: Yes No Sex: Male Female

What age was this done? _____

What type/ brand of food do you feed your dog _____

Microchip: Yes No Number: _____

Council Registration: Yes No Which Council: _____

Flea Prevention: Yes No Brand: _____

Heartworm: Yes No Brand: _____

Worm Program: Yes No Brand: _____

Hip/joint injuries: Yes No Details: _____

Veterinary Clinic

Practice: _____ Phone: _____

Address: _____

Suburb: _____ P/code: _____

Vet Name: _____ Mobile: _____



Admission Behavioural Questionnaire

Doggy Day Play (DDP) is a socially interactive play centre for dogs. Your pet will be mixing with other dogs during the course of their fun-filled day. However, dogs with any aggressive tendencies cannot be accepted into the centre. An Admission Behavioural Assessment is required for every dog wishing to become a DDP member. This assessment is to determine the dogs' level of social abilities and to determine if he/she is suitable for this type of 'indoor/outdoor' play environment or if the environment may pose as a potential problem for your dog, other DDP members or staff.

An Admission Behavioural Assessment is performed by DDP to determine if your pet is suitable for this open play environment. A one-off, non-refundable fee of \$25.00 (incl GST) is applicable. Assessments are by appointment only and generally take 20-30 minutes depending on the dog and included in the assessment fee is a two hour orientation visit for your dog.

Please bring with you to the Admission Behavioural Assessment your dogs current C5 certificate or written proof from your vet stating that your pet is up to date with all C5 vaccinations. C5 vaccination includes vaccination against canine cough.

Where did you acquire your dog? _____

How old was your dog when you acquired him/her? _____

If adopted, are you aware of your dogs' history? Yes No

If yes, then please provide details: _____

Has your dog attended any dog daycare facility previously Yes No

If yes, please provide facility name & suburb: _____

How long is a typical exercise session? 15 20 30 40 50 60

How often do you walk your dog?

Once daily 2-3 times weekly

Twice daily Other _____

How often do you socialise your dog with other dogs?

Once daily 2-3 times weekly

Twice daily Other _____

Do you allow your dog to be off-leash with other dogs? Yes No

If no, then please provide reason why: _____

What do you do with your dog when you are not home? _____



Does your dog like to be brushed? Yes No
How does your dog react to having his nails clipped? _____
Does your dog have any sensitive areas on his/her body? _____
What are your dogs' favourite petting areas? _____

Does your dog display any of the following behaviours?

Chewing/ Destructiveness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Coprophagous <small>(Eating his/her own faeces or other dogs/cats faeces)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Jumping fences	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Separation anxiety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shyness/Apprehension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Excessive barking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mounting dog/people	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mouthing/Biting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

If yes, what height was the fence/s? _____
If yes then please provide details: _____

How does your dog react around puppies? _____

How does your dog react when approached by other dogs? a) on lead: _____
b) off lead: _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

Is your dog shy/fearful around unfamiliar dogs? Yes No

Has your dog ever bitten another dog or person? Yes No

If yes, then please give details about the circumstances: _____

How does your dog react to dogs/people coming into your house? _____
(Eg. Do they growl, bark, hide, wag tail or jump)

Are there any kinds of people your dog automatically fears or dislikes? _____
(Eg. Tall, Short, elderly or postman.)

How does your dog react to skateboards/prams/bicycles, etc? _____

Is your dog frightened by sudden noises or thunderstorms? Yes No



Are there areas your dog does not like to be touched? Yes No

(Eg. Collar, mouth, tail.)

If yes then please provide details and reasons why: _____

Is your dog aggressively protective of bones, food, toys or other things? Yes No

If yes then please provide details: _____

Are you able to remove things from your dogs' mouth? Yes No

Has your dog ever shared his/her food or toys with other animals? Yes No

Does your dog play with any toys? Yes No

If yes, what kind of toys does your dog like and what games does he/she play? _____

Training

Did your dog attend puppy school? Yes No

Has your dog ever done or currently doing any obedience training? Yes No

Name of obedience school/trainer: _____

What type of collar do you use when walking your dogs?

Halter Correction chain
Flat collar Other _____

Do you use treats to reward your dog? Yes No

Does your dog have any known allergies or food restrictions? Yes No

If yes, please list: _____

What percentage of the time does your dog obey the following commands?

Sit % Drop % Stay % Come %

What is the release word? _____

(Eg. Leave it, ta, drop it, give.)



Health

Has your dog had any hip, elbow, knee or joint problems? Yes No

Has your dog ever had any skin problems? Yes No

Has your dog ever had any ear problems? Yes No

Has your dog had any recent illnesses? Yes No

If yes to any of the above, please provide details: _____

Does your dog require any daily medications whilst at DDP? Yes No

Does your dog require food whilst at daycare? Yes No

Please provide any further information that you feel may be relevant for the DDP staff to further assist us with creating the most comfortable environment for your pet: _____

How did you find out about Doggy Day Play?

Website Vet

Mail leaflet Local paper

Word of mouth Other

Recommended by whom? _____
