



Doggy Daycare

Customer Contact Details & Agreement

- Paddington Pups and agrees to provide a secure, clean & caring environment
- Your dog will be played with and cuddled throughout the day
- In the event that your dog is unwell, we will contact you immediately on the phone numbers that you have provided below

Please read the below conditions and sign this page if you agree:

- I agree to provide a copy of my dog's C5 vaccination certificate to doggy daycare staff
- I will not bring my dog to daycare in the event that my dog displays symptoms of being unwell e.g. unusually tired, vomiting or coughing
- In the event that my dog is unwell and I am not contactable, I authorise for Paddington Pups staff to take my dog to a vet for treatment and I will pay the full expenses associated with that treatment when I collect my dog
- I agree that in the event that my dog arrives at daycare with fleas &/or ticks, my dog will be flea bathed & treated accordingly and I will be charged for any expenses
- I will notify Paddington Pups of my dog's pre-existing health conditions (if any)
- Paddington Pups and any associated company is not liable for any injury that may arise in my dog as a result of a pre-existing condition
- I accept all reasonable risk of injury to my dog that may occur in normal doggy daycare or grooming activities including walks and play with other dogs
- I will notify Paddington Pups staff in the event that my dog has recently displayed aggressive behaviour towards other dogs or people
- If my dog is aggressive towards other dogs or staff members at daycare, I may be contacted and asked to collect my dog immediately
- I will notify Paddington Pups as soon as possible if I need to cancel my booking
- I will collect my dog from Paddington Pups by 6pm sharp and if I fail to collect my dog, my dog will be placed in overnight boarding at my expense

I _____ hereby agree to these conditions and disclaimer, and submit my dog to Paddington Pups under my own risk.

Signature: _____ Date: _____

Dog Owner's Details

First Name(s): _____ Surname: _____

Mobile Number: _____ Other Number: _____

Address: _____

Post Code: _____ Email: _____

How did you hear about us? _____

Emergency Contact Details:

Name: _____ Relation to Dog: _____

Contact Number: _____

Dog's Details

Name: _____ Breed: _____ Gender: M / F

D.O.B: _____ Desexed: Y / N Allergies: _____

Vet's Name: _____ Contact Number: _____

Annual Vaccination Date (C5): _____

Desexed Yes / No If No Why: _____

Personality Quirks

Please complete the following section so we can provide your pup with the highest level of personalised care.

Suffers from Separation Anxiety	Yes	No
Toy/Ball Possessive	Yes	No
Excessive Barking	Yes	No
Shy/Timid	Yes	No
Chews or eats toys/balls or other non-food items	Yes	No
Rough Play	Yes	No
Stool Eater	Yes	No
Likes bath time	Yes	No
Like being groomed	Yes	No
Drinks enough water during the day	Yes	No

If there are certain situations that may cause your pup to display aggression - please provide us with the details:

Medication

Requirements: _____

Special Food Requirements/Prohibited Foods: _____