



PADDINGTON PUPS

DOGgy DAY CARE * GROOMING * PET SUPPLIES

Doggy Daycare and Dog Grooming Customer Contact Details & Agreement

- Paddington Pups and agrees to provide a secure, clean & caring environment
- Your dog will be walked (Daycare only Weather permitting), 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 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

Dog's Name: _____ D.O.B (if known): _____ Annual Vaccination Date: _____

Dog's Breed: _____ Vet's Name: _____ Vet's Ph: _____

Parent's Name: _____ Parent's _____ Signature: _____

Address: _____

Ph: _____ Email: _____

Emergency/2nd Contact: _____ Ph: _____



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

Personality Quirks
Please tick where applicable

My Dog is De-Sexed Yes [] No [] If No Why _____
Suffers from Separation Anxiety Yes [] No []
Is Toy/Ball Possessive Yes [] No []
Excessively Barks Yes [] No []
Is Shy/Timid Yes [] No []
Chews or eats toys/balls or other non-food items Yes [] No []
Likes to Rough Play Yes [] No []
Is a Stool Eater Yes [] No []
Likes bath time Yes [] No []
Like being groomed Yes [] No []
Doesn't drink 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:
