

Scoobys

Doggy Day Care & Self Serve Dog Wash

7 Rothersthorpe Avenue, Northampton, NN4 8JH



To help ensure the health and safety of your dog and others in our care, please provide some information about your dog's health, temperament and behaviour. To comply with the requirements of our licence we need to keep records of your dog's attendance at the day care, proof of upto date vaccinations and contact details for the owner.

Your name

Address

Telephone home

Mobile

Email address

Telephone

Vets name

Vets address

Vets telephone

Vaccinations

All standard vaccinations as recommended by your vet are required, plus vaccinations against kennel cough.

You will need to provide us with a copy of your dog's vaccination records or bring it with you for us to copy before your dog can attend Scooby's Doggy Day Care

Your dog's details

Name

Age

Birthday if known

Breed & colour

Male / Female

Is your dog Neutered/Spayed? – Yes / no

At what age were they Neutered/Spayed?

Any lumps or identifying scars?

How long have you owned your dog _____ year's _____ months

Has your dog received any formal obedience training? – Yes / No

What commands does your dog obey?

Please tick;

Sit Stay / wait Down Come Fetch Drop it
Others -

Other dogs

If there are any breeds or traits your dog dislikes, please provide details;

Is your dog happy to share toys with other animals? – Yes / No

Has your dog ever been in a dog fight? – Yes / No

If yes, were there any injuries and if so, please provide details;

Does your dog play with other dogs off the lead? – Yes / No

Does your dog prefer the company of dogs that are;

Large / Small / Male / Female / Calm / Playful

Health

Does your dog have any current health conditions? – Yes / No

If yes, please provide details;

Has your dog been ill in the last 30 days? – Yes / No

If yes please provide details;

Does your dog have any allergies? – Yes / No

If yes, please provide details;

Please provide details of any physical restrictions that need to be placed on your dog's activities or movements whilst at Scooby's;

Toys/play

Tell us how your dog likes to play;

Is your dog possessive with toys, food or other objects? – Yes / No

Does your dog allow you to remove objects from its mouth? – Yes/ No

Scooby's Doggy Day Care Northampton Attendance Agreement

For reference "Scooby's" referenced in this document, refers to Scooby's Doggy Day Care Northampton.

1. I understand and agree by admitting my dog that Scooby's has relied on my Representation that my dog is in good health and has not harmed or shown aggression or threatening behaviour toward any person or any other dog, failure to notify may invalidate any insurance cover for you dog.
2. I agree to notify Scooby's of any future unwelcome, aggressive, procreative, or dangerous behaviour of my dog that has potential to cause harm to any other pet or individual.
3. All dog play is carefully monitored at Scooby's to avoid injury, but I understand injuries may occur despite the best supervision. I realise that pads on paws may initially become sensitive, or bothered until my dog becomes used to running on the different surfaces in Scooby's. I will not hold Scooby's responsible for any costs/medical charges incurred through accidental injury sustained during my dogs play whilst in their care.
5. I understand that if I fail to provide proof of current vaccinations or if my dogs' vaccinations are found to be expired or otherwise incomplete, Scooby's has the right to refuse service until current proof is provided.
6. I understand and agree that in the event I or my emergency contact can not be attained, any health problems that develop with my dog will be treated as deemed best by the staff at Scooby's or a qualified veterinarian surgeon, in their sole discretion, and that I will assume full financial responsibility for any and all expenses involved. I authorise Scooby's or their recommended vet to obtain medical records and/or treatments for my dog in the event of injury or illness from my vet. By signing this document I further direct said vet to provide such records upon request.
7. I understand that my dog should be castrated (if male and over the age of 6 months) to enrol at Scooby's. Bitches must not attend Scooby's when 'on heat' or in season.
8. I understand that even if my dog is vaccinated for Bordatella (Kennel Cough) there is a chance that my dog can still contract Kennel Cough from any source outside of Scooby's, I agree that I will not hold Scooby's responsible or assume the source of the infection was contracted via Scooby's.
9. I agree to notify Scooby's of any infectious and/or contagious disease or conditions my dog has been exposed to or is affected by. Such diseases and conditions include, but are not limited to Distemper, Hepatitis, Kennel Cough (Bordatella), Parvovirus, Corona virus, worms, Lyme disease, Fleas, Pregnancy, Infectious Skin Diseases and Intestinal Parasites.
10. I allow and consent my dog to being photographed, videotaped, and/or used in any media or advertising by Scooby's without prior approval by me.
11. I understand that my dog has access to an area outside which has a double fence layer to the front standing 8 feet tall, and has buildings on the other 3 sides, I agree that my dog should not be able to escape from said boundaries and assume full liability for damages to property or injury to my dog or others if my dog escapes over said boundaries.

12. I will notify Scooby's if my dog has eaten within 1 hour before arrival at Scooby's so he/she has time to digest his/her food before all the excitement. I understand that failure to do so may result in Bloat, which is very dangerous.

13. I further understand and agree that each of the foregoing provisions are separate and severable and shall be in force and effect on each and every occasion my dog attends Scooby's: This statement shall remain in full force and effect as between the parties until and unless otherwise amended or revoked, cancelled or superseded in writing signed by both parties.

I certify that I have read and understand the terms and conditions set forth in this Attendance Agreement, the Application form, including health forms, which are hereby incorporated into this Attendance Agreement by reference, 4 pages in total. I agree to abide by the terms and conditions and accept all terms, conditions, and statements of this document.

Date _____ / _____ / _____

Print name _____

Signature _____

Please tell us below any additional information about your dog that may be useful or necessary;

TO BE COMPLETED BY STAFF AT SCOOBYS

VACCINATION CARD SEEN AND CHECKED YES / NO

COPY OF VACCINATION CARD PROVIDED OR TAKEN YES / NO

VACCINATIONS CORRECT & UPTO DATE AT TIME OF REGISTRATION YES / NO

VACCINATION NEXT BOOSTER DUE DATE;

TEMPERAMENT TESTED YES / NO

SUITABLE FOR ATTENDANCE TO DAY CARE YES / NO

OWNER INFORMED YES / NO

COMMENTS;

STAFF NAME

STAFF SIGNATURE

DATE