



BOARDING PROFILE

EST 2007

ATTACH
YOUR DOG'S
PHOTO



LAST NAME:

DOG'S Name..... BREED.....

Date of Birth..... Male Female Desexed (Read info regarding entire bitches)

OWNER FIRST NAME:

OWNER'S Name.....

Address.....Postcode.....

Ph (03).....Mobile.....Email.....

Microchip Number..... Registration No.....Council.....

EMERGENCY CONTACT..... Ph.....

PLEASE TICK ✓

Are you a Meadway Mutts Dog Training School student Y N How did you hear about us?

Does your dog get on well with other dogs Y N

Has your dog been to other boarding facilities Y N

Chew at gates Y N Chew and destroy things Y N Jump up at you Y N

Bark when left or when you walk away from it Y N Dig or try to escape Y N

Growl at people Y N Growl at other dogs Y N

BREED:

ARE THERE ANY OTHER THINGS WE SHOULD KNOW?

i.e. Frightened of storms / Doesn't like children / Medication needs *USE BACK OF FORM*

AUTHORISATION

I/We agree that in case of illness or suspected illness our nominated veterinary surgeon

..... Ph.....

will be contacted and if necessary requested to carry out such treatment as considered advisable at owner's expense. Whilst every care and precaution is taken, responsibility can only be accepted at owner's risk.

If by unforeseen circumstances we are not able to contact the above veterinary surgeon or you, do you give us permission to use another veterinary surgeon? Y N

Do you give permission for your dog to be run and yarded with other dog/s? *This will be at our discretion.* Y N

Have you read and understood all the boarding information? *This includes phone calls & emergencies.* Y N

Do you understand and agree to drop off/pick up your dog up within our specified times? Y N

(A late fee of \$75 will be charged)

Please inform management if there is ANYTHING you need to discuss with us.

LAST:

The signing of this authorisation will also cover any future boarding arrangements with your dog(s) at Meadway Mutts Dog Boarding facilities.

DOG FIRST NAME:

Signed (or initials).....