

Drools Dog Grooming and Day Care Questionnaire / Waiver

Dog Name: _____ Breed: _____

Gender: M/F Age: _____ Desexed: Y/N

Owner Name: _____

Mobile: _____ Work: _____

Email: _____

Secondary Contact Name: _____ Mobile: _____

Regular Veterinary Clinic: _____

Contact number: _____

Does your dog have any allergies, medical conditions or dietary requirements that we should know about?

Can they have treats? Y/N

Has your dog had any surgery, or have any previous/ existing injuries that we should know about? Please describe type of surgery/ injury, and where it is located.

Does your dog have any bumps, lumps or skin conditions? (i.e Skin tags, moles etc)

Does your dog have any behaviours we should be aware of, such as food, lead or toy aggression? Are they fearful around strangers or other dogs? Please be specific.

Has your dog had their latest vaccination? Y / N
(please provide copy of vaccination certificate)

Has your dog been exposed to Kennel cough recently, or shown any symptoms of the illness such as coughing, gagging or vomiting? Y / N

I acknowledge that:

1. I have disclosed all information known to me about my dog's behaviour and that my dog/s have not exhibited any aggression towards any person or animal as answered in above questionnaire.
2. All this information is true and correct and I will notify Drools Dog Grooming and Day Care if any of this information changes.
3. Drools Dog Grooming and Day Care is a cage free, environment where dogs are free to roam and have face to face interaction. I understand that this comes with risks associated with such an environment, including but not limited to;
 - * Transfer of communicable illness, such as Kennel Cough.
 - *Injuries such broken nails, cuts, bites sore or sprained limbs.
4. Drools Dog Grooming and Day Care reserves the right to temporarily or permanently remove my dog/s from day care at any time.
5. I am solely responsible for loss, damage or harm while my dog/s is attending day care at Drools Dog Grooming and Day Care.
6. While my dog/s is in the care of Drools Dog Grooming and Day Care, and I or my secondary person cannot be contacted in the event of an emergency, I allow Drools Dog Grooming and Day Care staff or representatives to seek urgent veterinary care and understand that all fees and costs will be recovered from myself.
7. I am responsible for all costs associated with the above.
8. During my dog/s time at Drools Dog Grooming and Day Care they may be photographed for use on our website or social media pages.
8. I release Drools Dog Grooming and Day Care and its employees from all liability and indemnify Drools Dog Grooming and Day Care from any and all claims arising directly and indirectly from my dog/s participation in any activities and services.
9. I understand that late pick up after our closing time of 5pm will incur a fee of \$1 per minute.
10. I have read and understood Drools Dog Grooming and Day Care waiver and release of liability.

Signature: _____ Date: _____