

# assessment form

## DOG ASSESSMENT

### OWNER DETAILS

First Names

Last Name

Preferred Name

Home Address

Postal Address - *if different from above*

Home No.

Mobile

Work No.

Email Address

**NAMED GUARDIANS** - *these are the people who can collect your dog from the Hotel or Day Care. They also may be contacted in an emergency where you were not able to be reached.*

Guardian Name #1

Relationship

Contact No

Guardian Name #2

Relationship

Contact No

Guardian Name #3

Relationship

Contact No

### ANIMAL DETAILS

Name

Nicknames

DOB

Breed

Colour

 Y  N

Desexed? *(Please tick appropriate box)*

Microchip

## PET HEALTH

The vet clinic we usually go to is \_\_\_\_\_

The vet we usually see is \_\_\_\_\_ Contact No. \_\_\_\_\_

Please list any medical problems that your dog previously or currently has/had. This includes any surgeries (apart from desexing) your dog may have had or been told it needs.

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Is your dog on any medication on a regular or semi-regular basis? (Please tick appropriate box)  Y  N

If yes, what is it and what for? We can medicate your dog while it is in our care but please make sure you provide all medicine in its originally dispensed package with clear directions on administration.

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How often do you treat your dog for fleas?

What product do you most commonly use?

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How often do you treat your dog for worms?

What product do you most commonly use?

## FOOD AND FEEDING HABITS

Does your dog have any allergies or food sensitivities? (Please tick appropriate box)  Y  N

If yes, please describe what symptoms your dog displays when a reaction occurs: \_\_\_\_\_

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What do you normally feed your dog? (Include brand if you know it) \_\_\_\_\_

Can we use treats? (Please tick appropriate box)  Y  N

NB: Being a positive reinforcement environment we do have treats available for training dogs within our facility. These will always be low fat and low allergen treats but if your dog gets an upset tummy easily or is allergic to anything, please advise us so we can ensure your pup gets the correct treats or none if that is what is best for your best friend.

## DOG BEHAVIOUR INFORMATION

How long has your dog been a part of the family? \_\_\_\_\_

Where did you get your dog from? \_\_\_\_\_

Has your dog been to a Day Care before? (Please tick appropriate box)  Y  N

How often did your dog attend? \_\_\_\_\_

What was the reason you stopped attending the other Day Care? \_\_\_\_\_

On a scale of 1-10 how social is your dog with other dogs OFF LEASH. 1 = not social 10 = very social (Please circle)

1      2      3      4      5      6      7      8      9      10

# DOG BEHAVIOUR INFORMATION CONT'D

On a scale of 1-10 how social is your dog with other dogs ON LEASH. 1 = not social 10 = very social (Please circle)

1      2      3      4      5      6      7      8      9      10

Has your dog been to an off-leash dog park before? (Please tick appropriate box)

 Y  N

What behaviour does your dog display when off leash with other dogs? \_\_\_\_\_

\_\_\_\_\_

Does your dog have a size preference or like of specific breeds or specific colour dogs that you know of? \_\_\_\_\_

\_\_\_\_\_

Does your dog have a dislike of certain size dogs, specific breeds or specific colours dogs that you know of? \_\_\_\_\_

\_\_\_\_\_

Is there anything you know of that makes your dog stop playing with other dogs? \_\_\_\_\_

\_\_\_\_\_

Does your dog have any habits we should know about? \_\_\_\_\_

Can your dog be possessive over toys, food, people or water? (Please tick appropriate box)

 Y  N

If yes, please explain what items and how the dog behaves when possessing these items: \_\_\_\_\_

\_\_\_\_\_

Is your dog social with men AND women? (Please tick appropriate box)

 Y  N

What does your dog prefer? (Please circle)

Men                  Women                  No Preference

Is your dog ever reactive to strangers? (Please tick appropriate box)

 Y  N

If yes, please explain behaviour displayed by dog when reacting: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever bitten someone? (Please tick appropriate box)

 Y  N

If yes, please explain the scenario, events leading up to the bite, the events after and list any repercussions you and/or your dog had from this experience.

\_\_\_\_\_

Has your dog bitten another animal? (Please tick appropriate box)

 Y  N

If yes, please explain the scenario, events leading up to the bite, the events after and list any repercussions you and/or your dog had from this experience.

\_\_\_\_\_

\_\_\_\_\_

## DOG BEHAVIOUR INFORMATION CONT'D

Is your dog interested in cats or birds when out walking? *(Please tick appropriate box)*

 Y  N

If yes, please detail what your dog shows interest in and explain behaviour displayed when they see the other animal they are interested in:

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Is your dog fearful of any sounds or certain situations? *(Please tick appropriate box)*

 Y  N

If yes, please explain what sounds or situations and what behaviour is displayed by your dog.

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Has your dog escaped from a property by jumping the fence? *(Please tick appropriate box)*

 Y  N

What training classes have you and your dog attended? \_\_\_\_\_

What commands does your dog know? *Please give words and hand signals and please let us know if your dog is bilingual.*

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What commands do you wish your dog knew? \_\_\_\_\_

Is your dog crate trained? *(Please tick appropriate box)*

 Y  N

How do you reward your dog? *List in order of dog's preference.* \_\_\_\_\_

How do you correct your dog if they are doing something naughty? \_\_\_\_\_

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## REFERRALS

How did you find out about Central Bark? \_\_\_\_\_

If you were referred by a current customer, what was their full name and their pet (s) name so we can thank them.

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# CENTRAL BARK DOG ASSESSMENT - TERMS AND CONDITIONS

1. I (the owner) confirm to Central Bark, that I am the legal owner of my dog; that my dog has not been exposed to parvo, leptospirosis or distemper within the past thirty (30) days and that my dog has been vaccinated as indicated by the records presented to Central Bark.
2. I understand that Central Bark reserves the right to not to accept any dog that does not pass their temperament and suitability testing, or if the owner does not accept these terms in full.
3. I understand that Central Bark is a facility that involves dogs playing in groups. I accept that there are inherent risks involved in this and that Central Bark will not be liable for any injuries or illnesses resulting during my dog's attendance.
4. I understand that Central Bark is an indoor facility where my dog will be contained within the facility (unless I have given permission or in an emergency). If my dog is able to jump the fencing at Central Bark, they will not be able to guarantee the safe containment and I understand my dog may not be able to return to Central Bark if my dog cannot be contained safely.
5. I have disclosed to Central Bark all relevant information regarding my dog's medical and behavioural history and understand it is my responsibility to keep Central Bark informed of any changes to my dogs behaviour or health in the future.
6. I waive all claims against Central Bark, its employees and representatives.
7. I agree that Central Bark will not be liable for any consequential damages.
8. I agree that if a medical problem developed while my dog is in the care of Central Bark, I authorise Central Bark to do whatever they believe is necessary for the safety, health and wellbeing of my dog and I agree to pay all expenses incurred. I understand that Central Bark will attempt to contact me using the contact details I have provided in a timely manner.
9. I accept that I may be liable for any medical care expenses and damages that result from any injuries caused by my dog. This includes my dog harming other dogs even accidentally and vet bills that result.
10. I understand my dog must be treated for fleas, ticks and worms prior to visiting Central Bark. If fleas, ticks or worms are present on the dog, Central Bark reserve the right to treat the dog and charge for the service.
11. I understand that I must pay full costs for damage to property caused by my dog, including property of Central Bark and other owners.
12. I understand that any property (eg lead, collar, toys, beds, blankets, clothing and accessories) left with a dog are not guaranteed to be returned in the same condition or at all.
13. I understand that I must pay in full for any of Central Bark's services, whether that is Day Care, Boarding, Grooming, Training or additional services, either prior to the service (preferred) or upon collection of my dog from Central Bark.
14. I agree to pay for the full contracted booking, in the event of the dog being picked up before the due date of departure and that peak rates may apply during certain periods. Please ask for details.
15. I understand the hours of operation, and that if I pick my dog up after the close of business I will be charged \$15 for every 15 minutes that I am late.
16. I understand that if I purchase a half day service that this is a 5-hour maximum and if I was to leave my dog for over 5 hours, I would pay an additional fee, either an hourly rate or a full day charge to cover a full day used.
17. I understand the hours of operation, check in and check out times and that if I fail to check my dog into or out of boarding within the stipulated times, that I will incur additional late fees.
18. I understand my dog will not be released until all costs have been paid.
19. I confirm that I have read and understood the above Terms and Conditions and that Central Bark reserves the right to refuse entry at any time for any reason.

DOGS NAME

OWNERS NAME

SIGN

DATE

## OFFICE USE ONLY

VACC \_\_\_\_\_ AREA/ROOM \_\_\_\_\_

COMP \_\_\_\_\_ UPDATE/PHOTO \_\_\_\_\_

## NOTES

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