



ENROLMENT FORM

Date: _____

Owners Name: PRIMARY _____ SECONDARY _____

Mobile Number/s: PRIMARY _____ SECONDARY _____

Work Number/s: PRIMARY _____ SECONDARY _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Number: _____

Email Address: _____

Emergency Contact Name (in the event you are not contactable):

Mobile: _____

Home: _____

Is there any other people (besides Primary & Secondary Owner), who you allow to pick up or drop off your dog?
(Identification may be requested)

1. _____ 2. _____ 3. _____

How did you hear about Newcastle Pet Resort

customer referral NAME: _____	defence force
google	vehicles on the road
facebook	treating vet
pets playground	brochure / flyer
rspca	yellow pages online
puppy preschool	pet expo
pet fun days	staff
pets HQ	pet shop
local search	website

DOG DETAILS (if you have more than one (1) dog you only need to re-print this page)

Dog's Name: _____

Breed: _____ Colour/s: _____

DOB: _____

Sex: Male Female

Desexed Yes No

Date of Operation: _____

C7 Vaccination Yes No

Date of last C7: _____

Microchip Yes No

Number: _____

*******PLEASE ATTACH A CURRENT COPY OF THE C7 OR C5 VACCINATION CERTIFICATE*******

VET DETAILS

Practice: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: _____ Vet Name: _____

DOG MEDICAL HISTORY / IMPORTANT INFORMATION / BEHAVIOURAL INFORMATION:

OFF-LEASH PLAY EVALUATION

Whilst attending the Newcastle Pet Resort facility, your dog will be socially interacting with other dogs during the day. However, dogs with any aggressive tendencies or behaviours that could lead to a potential problem cannot be accepted into our facility. An Off-Leash Play Evaluation is required for every dog wishing to become enrolled in the boarding/daycare program. This evaluation is conducted on a day agreed to by yourself and NPR at the facility. This assessment is to determine the dog's level of social abilities, health and to determine if he/she is suitable for this type of play environment or if the environment may pose as a potential problem for your dog, other dogs and or staff.



Please tick the box where appropriate:

Prior off-leash play experience (age started)	under 6 months	6 months - 3 years	3 - 7 years	8 years + or none
Type of prior social experiences with other dogs	doggy daycare	public dog park or friends dogs	on leash only	none
Description of usual play style	easy going	wrestle, chase, vocal	rough, nonstop, alpha	
Dog's behaviour when upset	moves away, hides, submissive	barks, shakes, whimpers	grumpy, growly, gets a "look"	
Prey drive	no indicators	chase play style, focused/staring behaviour	chases cats, bikes, cars etc	
Resource guarding	shares toys & food with other pets	shares unless high-value item eg. bones, pigs ear	separate to feed, growls/snaps if approached eating	
Bite history	no bites or aggressive responses	growly, snaps	bite history with dogs or people	
Obedience	multiple classes & consistent use at home	one class & some use at home, or combination of classes	no class & rarely used at home	no classes self trained
Reasons for attending daycare / boarding	play with other dogs, so not home alone, additional exercise to that at home	suggested by other, separation anxiety, sole source of exercise	help with socialisation	
Human interaction - Meeting	initiates interaction & stays for more than 2 seconds	tolerates interaction, displays stress signals	avoids greetings, displays warning signs or aggression	
Handling - response to touch & handling	very accepting	tolerates, displays stress signals	displays warning signs	
Obedience - response to obedience cues	attentive & responsive	some positive responses	ignores most cues & eye contact	



Payment Request Form - Please select payment option

A Direct Deposit

I agree to make payments for services provided into Newcastle Pet Resort's (NPR) nominated Financial Institution. These payments will be made so that **CLEARED** funds are available to NPR on the day service is provided. (Please provide receipt of payment from bank via email to admin@newcastlepetresort.com.au)

Name of Account : Newcastle Pet Resort

Bank: Commonwealth Bank

BSB: 062 - 806

Account Number 1038 2455

Print Full Name: _____

Signature: _____ Date: _____

B Credit Card

Newcastle Pet Resort will process payments on the day service is provided

Type of Card: Master Card Visa

Name on Card: _____

Card Number: _____ Expiry Date: _____

CCV: _____ (CCV this is the 3 digit number on the back of your card)

Signature of Card Holder: _____ Date: _____

C Cash or EFT

I agree to make payments for services to Newcastle Pet Resort **IN PERSON** on the day service is provided. (All Payments **MUST** be made on arrival)

Print Full Name: _____

Signature: _____ Date: _____

***** PLEASE NOTE OUR DRIVERS DO NOT ACCEPT CASH *****