



Enrolment Form

Client No:

Wales' only indoor canine fitness and exercise centre, operated by an IAAT qualified Animal Physiotherapist and staffed by Physiotherapy Assistants.

Owner Information		Name:	
Address:		Post Code:	
Home Phone:	Mobile:		
Email:			
Emergency Contact (if you cannot be reached)			
Name:		Phone:	
Veterinarian		Name:	
Address		Contact No:	
In the event of an emergency, you will be notified and your dog will be taken to your vet or to the closest vet depending on the circumstances.			

Services I am interested in at The Dognasium		
<input type="checkbox"/> Daycare	<input type="checkbox"/> Personal use of Dognasium	<input type="checkbox"/> Staff assisted use of Dognasium
<input type="checkbox"/> Socialisation	<input type="checkbox"/> Ringcraft	<input type="checkbox"/> Obedience & training classes
<input type="checkbox"/> Flyball Training	<input type="checkbox"/> Fitness Training	<input type="checkbox"/> Agility
<input type="checkbox"/> Weight Management	<input type="checkbox"/> Dog walking (groups)	<input type="checkbox"/> Dog & owner yoga
<input type="checkbox"/> Holistic Therapies	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/> Hydrotherapy	<input type="checkbox"/> Veterinary Seminars
<input type="checkbox"/> Demonstrations		
Please tell us about any other services you would like to see offered:		

Pet Profile		
Name:	Breed:	
Sex:	Spayed/Neutered:	If yes, what date:
Date of Birth:	Colour:	Weight:
Where did you acquire your dog:		
Breeder <input type="checkbox"/> Rescue/Shelter <input type="checkbox"/> Re-homed <input type="checkbox"/> Found <input type="checkbox"/> Other		
Behaviour / Exercise: (tick all that apply)		
<input type="checkbox"/> Has attended daycare	<input type="checkbox"/> Having or had formal training	<input type="checkbox"/> Crate-trained
<input type="checkbox"/> Walks well on the lead	<input type="checkbox"/> Prefers off lead exercise	<input type="checkbox"/> Good recall
<input type="checkbox"/> Lead reactive	<input type="checkbox"/> Generally submissive	<input type="checkbox"/> Generally dominant
<input type="checkbox"/> Prefers company of people	<input type="checkbox"/> Prefers company of other dogs	<input type="checkbox"/> Prefers own company
<input type="checkbox"/> Displays separation anxiety	<input type="checkbox"/> Food or toy possessive	<input type="checkbox"/> Has bitten someone
<input type="checkbox"/> Has bitten or had altercation with another dog		
<input type="checkbox"/> Fears / habits:		
<input type="checkbox"/> Lives with other household pets:		
Daily exercise:		
Additional Information:		

Health History	Has your dog been unwell in the past 48 hours?
<input type="checkbox"/> Allergies	<input type="checkbox"/> Eye Infections
<input type="checkbox"/> Seizures	<input type="checkbox"/> Canine Cough
<input type="checkbox"/> Heart problems	<input type="checkbox"/> Surgery
<input type="checkbox"/> Gastric problems	<input type="checkbox"/> Mobility problems
<input type="checkbox"/> Medication	<input type="checkbox"/> Incontinence Issues
<input type="checkbox"/> Skin infections	
<input type="checkbox"/> Other infections	
Tell us more about what you have ticked and / or any other health or dietary issues:	
Parasite preventative (flea/ tick/ worms) (brand & frequency)	
Vaccination record provided <input type="checkbox"/>	Microchip No:

Medication Information (Include any special diet/ nutritional information) 1

Dog's Name:

Owners Signature

Date:

Is your pet allergic to any food (human or pet) Yes No
(if yes, please specify)

Please list all medications / special diet your pet is currently taking:

Please list medications / special diet we will be required to give your dog:

Type: Pill Ointment Other Food

Time and amount to be given:

Is there any special way to give this to your dog?

Yes No

If yes, please list:

For what is the pet being treated:

What days of the week will the dog be given this:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Medication Information (Include any special diet/ nutritional information) 2

Dog's Name:

Owners Signature

Date:

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(if yes, please specify)

Please list all medications / special diet your pet is currently taking:

Please list medications / special diet we will be required to give your dog:

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Time and amount to be given:

Is there any special way to give this to your dog?

Yes No

If yes, please list:

For what is the pet being treated:

What days of the week will the dog be given this:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Owner Agreement

I, _____, hereby provide The Dognasium with assurance that my dog: Is in good health, has not been ill with any communicable diseases or parasites in the last 30 days, and has not harmed or shown aggressive or threatening behaviour towards any person or any other dog. I also agree to the following:

1. I understand that The Dognasium is an open-play / activity environment and because of this there are inherent risks, which even when closely monitored, may result in the following:
 - a. Transfer of a communicable illness such as, but not limited to, "kennel cough," also known as the Bordatella virus, "puppy warts" also known as the canine papilloma virus, or parasites.
 - b. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc.
 - c. Behavioural problems.
2. If health or behavioural problems develop with my dog, that these will be treated as deemed best by the staff of The Dognasium within their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
3. The Dognasium and their staff will not be liable for any health or behavioural problems that develop in my dog from attendance and participation at The Dognasium.
4. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of Dognasium, or to the equipment, physical plant, or other property of The Dognasium, caused by my dog while my dog is attending The Dognasium.
5. I will inform The Dognasium staff immediately of any change in circumstances or health of my dog that may compromise this agreement
6. Payment is expected at the point of delivery of services.
- 7.* I have been provided with read, understood and accept the terms and conditions of The Dognasium.

Signed:..... PRINT NAME:..... Date:.....

To be completed and signed by assessing member of staff – continue on separate page if necessary

RISK ASSESSMENT

Specific area of concern	Low / medium / high risk to dog or to others?	Controls / action to minimise risk

Signature:..... Print Name:..... Date:.....

EXAMPLE

Rover is nervous of people when out on a walk and will back away if approached. May growl.	Medium risk to others (3x3=9)	Monitor Rovers body language. Explain to other walkers that he is nervous and show them how to approach safely ie. Calm voice, take time, never reach out or try to pat his head, allow him to sniff them and approach them on his own terms.
Bella has a food allergy and needs to avoid wheat / gluten.	Low risk to Bella (2x3=6)	Ensure all staff and visitors are aware of Bella's allergy and check any treats are wheat free.

RISK SCORING: What is the LIKLIHOOD (1-5) X What could the IMPACT be? (1-5)
15 or above –HIGH 6 to 15 – MEDIUM 1 to 6 – LOW