



Registration Details

DATE: _____

DOG DETAILS.

NAME
MALE / FEMALE
BREED
COLOUR / DISTINGUISHING MARKS
AGE
MICROCHIP NUMBER OR TATTOO
SPAYED / CASTRATED? YES NO

OWNER DETAILS

NAME
ADDRESS
CONTACT NUMBERS
EMERGENCY CONTACT NAMES AND NUMBERS (<i>MUST BE DIFFERENT THAN ABOVE</i>)

WELFARE DETAILS

VACCINATION CERTIFICATE CHECKED / RENEWAL MONTH :

TITRE TEST RENEWAL DATE :

FLEA TREATMENTS DUE :

WORM TREATMENTS DUE :

IS YOUR DOG INSURED? PLEASE PROVIDE DETAILS OF THEIR INSURANCE COMPANY.

ANY MEDICAL HISTORY –

VETERINARY SURGERY – NAME / ADDRESS/ CONTACT DETAILS

ANY MEDICAL TREATMENT REQUIRED DURING DAILY PLAY

FOOD REQUIREMENTS

IS YOU'RE DOG ALLERGIC TO ANY PARTICULAR DOG TREATS OR FLAVOURS?

IS YOUR DOG ALLOWED TO BE GIVEN PLAIN 'SPILLERS SHAPED' TYPE DOG BISCUITS OR ANY TYPE OF DRIED FOOD IF YOU HAVE FORGOTTEN TO BRING THEIRS AND REQUIRE IT FEEDING?

CAN YOUR DOG BE INCLUDED WITH ANY FOOD 'TREASURE HUNT' ACTIVITIES?

RECEIVED COPY OF T&C'S?

ANY OTHER DETAILS? :