



DOGTOPIA
Retreat

www.dogtopiaretreat.com.au

E: dogtopiaretreat@bigpond.com

DOGTOPIA RETREAT ADMISSION FORM

DOG OWNER DETAILS

Name:

Address:

Suburb: Postcode:

Home phone: Mobile number:

Business phone: Email:

Emergency contact:

Home phone: Mobile number:

Additional person authorised to collect your pet

Name:

Home phone: Mobile number:

ANIMAL DETAILS

Name:

Breed: Colour/s:

Age (DOB): Sex:

Desexed (if over 6 months): **Yes No** Date of procedure:

C5 Vaccination: **Yes No** Date of last vaccination:

Microchipped: **Yes No** Number:

Flea Prevention: **Yes No** Last treatment:

Name/Brand:

Heartworm: **Yes No** Last treatment:

Name/Brand:

Intestinal worms: **Yes No** Last treatment:

Name/Brand:

Food Allergies: **Yes No** Details:

Your Vet: Details:

If fleas, ticks or intestinal worms are found on your animal, Dogtopia Retreat will treat the animal at the owner's expense due to rapid spread of these parasites if left untreated.

232 Woolcock Street,
CURRAJONG QLD 4812

Ph: 07 4771 4050 Ext 2



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ANIMAL MEDICATION HISTORY

Special Medication:

Name of medication:

Reason/condition:

Dosage (frequency and quantity):

ANIMAL HEALTH HISTORY

Has your dog had any hip, elbow, knee or other joint problems? **Yes** **No**

Has your dog had any skin problems? **Yes** **No**

Has your dog had any ear problems? **Yes** **No**

Has your dog been recently ill? **Yes** **No**

If you answered yes to any of the above, please provide details:

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ADDITIONAL INFORMATION

Has your dog attended a previous doggy daycare facility? **Yes** **No**

Are there areas your dog does not like to be touched (tail, back?) **Yes** **No**

Details:

Please provide any other information that you may feel assist us to better care for your baby to the best of our abilities

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DECLARATION

By signing the below, I acknowledge that I accept all risk when leaving my pet in the care of Dogtopia Retreat, and that I have read and understood the Doggy Day Care Deed of release

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Date:

Signature of animal owner

Print full name

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