

BIG DOGS

736 Luggate-Tarras Hwy, RD3 Cromwell

Ph 022 156 2508

Enrolment Form

OWNER name Ph

Email Vet name/ph #

NAME and BREED of dog(s)

Age Sex De-sexed? Yes No

Are VACCINATIONS up to date? Certificate sited

Describe your dog's PERSONALITY

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Any special DIETARY/SLEEPING requirements?

Any existing MEDICAL CONDITIONS ?

FITNESS level ? Usual exercise routine?

COMMANDS that your dog answers to :

CARE REQUIRED : (please tick) DAY ONLY OVERNIGHT

Start date Time

Collection date Time Total days/ nights

The terrain here is rugged compared to suburban parks and residences. Please tell us if your dog is not used to off-leash running. While we do our best to keep your dog's safety in mind at all times, occasionally dogs will get injured and require veterinary treatment at the owner's expense. We will consult with you first if this is necessary, but if uncontactable, the vet will make all decisions.

I, owner of agree to the above terms.

Signed Date