

# Paws at Demesne

PLAY • STAY • GROOM

## Pet Registration & Care Profile

Please complete one form for each dog. This helps us understand health, vaccinations, routine, behaviour and individual care needs before day care or an overnight stay.

| 1. Owner & Emergency Contact                    |                                                   |
|-------------------------------------------------|---------------------------------------------------|
| <b>Owner / keeper name</b><br>_____<br>_____    | <b>Mobile number</b><br>_____<br>_____            |
| <b>Email address</b><br>_____<br>_____          | <b>Home address</b><br>_____<br>_____             |
| <b>Emergency contact name</b><br>_____<br>_____ | <b>Emergency contact number</b><br>_____<br>_____ |

| 2. Your Dog                                                                 |                                                                                      |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Dog's name</b><br>_____<br>_____                                         | <b>Breed / crossbreed</b><br>_____<br>_____                                          |
| <b>Date of birth / age</b><br>_____<br>_____                                | <b>Microchip number</b><br>_____<br>_____                                            |
| <b>Sex</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Neutered / spayed</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Colour / identifying marks</b><br>_____<br>_____                         | <b>Approx. weight</b><br>_____<br>_____                                              |

| 3. Vet, Vaccinations & Preventative Care                                                                                                                                   |                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Veterinary practice</b><br>_____<br>_____                                                                                                                               | <b>Vet telephone</b><br>_____<br>_____                                                                                                          |
| <b>Core vaccinations</b><br><input type="checkbox"/> Current <input type="checkbox"/> Booster due <input type="checkbox"/> Not current / unsure<br>Last vaccination: _____ | <b>Kennel cough</b><br><input type="checkbox"/> Current <input type="checkbox"/> Not given <input type="checkbox"/> Unsure<br>Date given: _____ |
| <b>Flea treatment</b><br>Product/date: _____                                                                                                                               | <b>Worming treatment</b><br>Product/date: _____                                                                                                 |

**Please provide vaccination evidence where requested.** Paws at Demesne will confirm its current vaccination and admission policy before a booking is accepted.

| 4. Medical Information                                                       |
|------------------------------------------------------------------------------|
| <b>Medical conditions / previous injuries / allergies:</b><br>_____<br>_____ |
| <b>Medication - name, dose and times:</b><br>_____<br>_____                  |
| <b>Anything we should monitor or avoid?</b><br>_____                         |

# Paws at Demesne

## PET REGISTRATION & CARE PROFILE - CONTINUED

### 5. Feeding, Toileting & Sleep Routine

|                                                |                                               |
|------------------------------------------------|-----------------------------------------------|
| Usual food / brand<br>_____<br>_____           | Amount & feeding times<br>_____<br>_____      |
| Treats allowed / not allowed<br>_____<br>_____ | Toilet routine / cues<br>_____<br>_____       |
| Usual sleeping arrangement<br>_____<br>_____   | Night-time habits / anxiety<br>_____<br>_____ |

### 6. Behaviour & Social Needs

|                                            |                          |
|--------------------------------------------|--------------------------|
| Comfortable with unfamiliar dogs?          | Yes / No / Sometimes     |
| Comfortable with people / strangers?       | Yes / No / Sometimes     |
| Separation anxiety?                        | Yes / No                 |
| Recall off lead?                           | Reliable / Variable / No |
| Resource guarding?                         | Yes / No                 |
| History of aggression, snapping or biting? | Yes / No                 |
| Escape / jumping / digging behaviour?      | Yes / No                 |
| Fears or triggers?                         | Yes / No                 |

Please explain anything we should know:

\_\_\_\_\_  
\_\_\_\_\_

### 7. Likes, Habits & Individual Care

Favourite activities / toys / games:

\_\_\_\_\_

Commands / words your dog understands:

\_\_\_\_\_

What helps your dog settle and feel safe?

\_\_\_\_\_  
\_\_\_\_\_

### 8. Grooming Information - if applicable

☐ Full groom ☐ Bath & blow dry ☐ De-shed ☐ Nail trim ☐ Other: \_\_\_\_\_

Skin/coat issues, sensitivities, matting or grooming dislikes:

\_\_\_\_\_

# Paws at Demesne

## CONSENTS & DECLARATION

### 9. Emergency & Veterinary Consent

If I cannot be contacted in an emergency, I authorise Paws at Demesne to seek veterinary advice or treatment reasonably considered necessary for my dog's welfare. I understand that I remain responsible for veterinary fees and related costs, except where liability legally rests elsewhere.

☐ I agree ☐ I do not agree

### 10. Photo / Video Permission

☐ I give permission for suitable photographs/video of my dog to be used on Paws at Demesne's website and social media.

☐ I do not give permission for my dog to be used in public photographs/video.

### 11. Owner Declaration

I confirm that the information provided is accurate to the best of my knowledge. I will tell Paws at Demesne about changes to my dog's health, vaccination status, medication or behaviour before future visits. I understand that completion of this form does not guarantee acceptance for day care or boarding and suitability may need to be assessed.

|                                          |                                     |
|------------------------------------------|-------------------------------------|
| <b>Owner signature</b><br>_____<br>_____ | <b>Date</b><br>_____<br>_____       |
| <b>Print name</b><br>_____<br>_____      | <b>Dog's name</b><br>_____<br>_____ |