



Affiliated to:



REGISTRATION FORM

We take the responsibility of caring for someone else’s fur baby VERY seriously. Kindly fill in the information below and submit the completed form to: info@kyalamidd.co.za
Please note that each and every dog requires a registration form

Full Name: _____

Residential Address: _____

Cell Number: _____

Email Address: _____

Emergency Contact (should you be unreachable): _____

Dog Breed: _____

Dog Name: _____

Dog Gender (circle applicable option): BITCH DOG

Spayed / Neutered: YES NO

(Please note that all of our fur clients need to be fixed by the age of 6 months)

Dog Age & Birthday Date (if available): _____

Does your dog have any of the following behavioral problems (circle applicable option):

Digging: YES NO

Barking: YES NO

Begging: YES NO

Chewing: YES NO

Separation Anxiety: YES NO

Inappropriate Elimination: YES NO

Chasing: YES NO

Jumping Up: YES NO

Biting: YES NO

Aggression: YES NO

Please note that we only require this information so that we are well prepared - it's not for elimination purposes!

Has your dog had any formal training? YES NO

If YES, please provide details: _____



Affiliated to:



Is your dog comfortable on a lead? YES NO

What is your main objective in sending your dog to Kyalami Doggy Daycare? _____

Is there anything else that you feel Kyalami Doggy Daycare needs to know? YES NO

If YES, please provide details: _____

Would you like to have a trial day before sending your dog to Kyalami Doggy Daycare? YES NO

Vet Name: _____

Vet Contact Details: _____

Does your dog have any health problems? YES NO

If YES, please provide details: _____

Does your dog have pet insurance (circle applicable option)? YES NO

If YES, please provide details: _____

IF NO, would you like Kyalami Doggy Daycare to arrange pet insurance for you (circle applicable option)? YES NO

List of Commands that YOUR dog is used to (eg. SIT, STAY etc.) _____

Last Dewormed (Date): _____

Do you require collection & drop off?: YES NO

How many days a week will your dog attend daycare AND which days? 1 2 3 4 5
M T W Th F

Please attach a copy of the "record of vaccination for dog's" (or some other proof of vaccinations)

I, _____, (dog owner's name) acknowledge that Kyalami Doggy Daycare shall not, in any manner whatsoever and insofar as the law allows, be liable for any loss, injury and/or damages howsoever sustained by any Dog and/or Owner and/or their property arising from any cause whatsoever, including but not limited to, any negligent act or omission, of Kyalami Doggy Daycare.

Signed at _____ on this _____ day of _____ 20_____

Signature: _____ Witness: _____