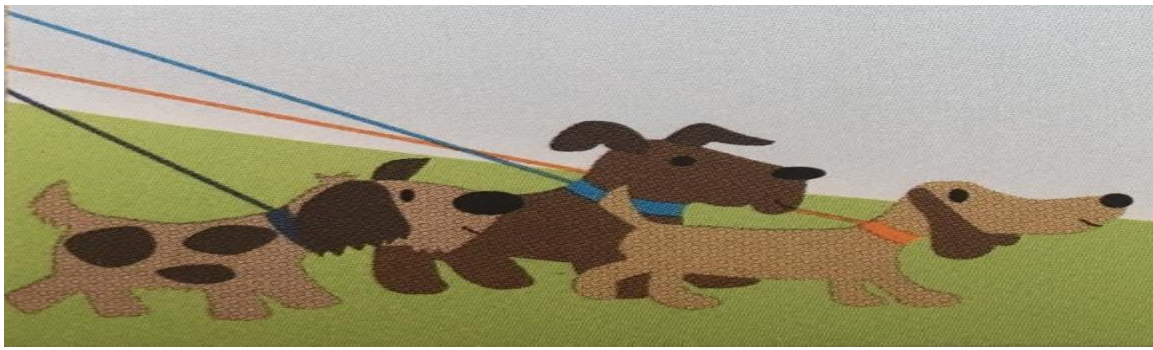


12 Victor Street
 Beaumaris Vic 3193
 m: 0417 164 898
 e: packleader@baysidebuddies.com.au
 baysidebuddies.com.au

WOOF! MY NAME IS:	
BREED:	
COLOUR:	
D.O.B: (approx will suffice if unsure)	
MY OWNER'S NAME:	ADDRESS:
PHONE NO:	EMAIL:
EMERGENCY CONTACT NAME:	
PH NO:	
SERVICES PROVIDED:	
NOMINATED DAY(S):	
PREFERRED DOCTOR/VET CLINIC:	
ADDRESS:	
PH NO:	
I HAVE GOOD RECALL? Please circle YES / NO	
PREVIOUS EXPERIENCE WITH A DOG WALKER: YES / NO	
HAVE YOU PROVIDED BAYSIDE BUDDIES WITH THE FOLLOWING?	
X Access to property / house key / alarm code	
X Vaccination certificate (all dogs must be vaccinated (C5) and registered with the council)	
X Signed and returned the service agreement form to Elspeth Black prior to the commencement of services	

Daycare Clients only: What is your main reason for choosing Daycare?



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General Behaviours

Please write Y/N next to each response. If you marked 'Y' to any of the below please provide details, if additional space is required please attach an additional page

House/Toilet trained
Does your dog eat or chew their bedding
Excessive barking
Shyness/Apprehension
Mounting other dogs
Jumping up on people
Mouthing/biting
Chewing furniture
Jumping fences
Separation Anxiety

Has your dog ever bitten another dog or person? If yes, please provide details:

Are there any medical/behavioural issues we should be aware of?
