



4 Westchester Drive, Glenside, Wellington
Phone: 04 477 0100
Petopia.nz@gmail.com

Day Care & Overnight Stay Enrolment Form

Guardian's Info

Guardian 1

First name: _____ Last name: _____

Street Address: _____

City: _____ Postal code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email address: _____

Guardian 2

First name: _____ Last name: _____

Home Phone: _____ Cell Phone: _____

How did you hear about Petopia? (Check all that apply)

☐ Vet ☐ Internet ☐ Yellow Pages ☐ Flyer ☐ Family/Friends ☐ groomer ☐ news paper

☐ Other _____

Emergency Contact

First name: _____ Last name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

If anyone other than the guardian/s has permission to pick up your dog, please inform us their names before they pick your dogs up.



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Vet Info

Name of your Veterinarian: _____ Name of Clinic: _____

Address of Clinic: _____ Phone: _____

Date of last DHP inoculation (Distemper, Hepatitis, Parvovirus): _____

Kennel cough: _____ Leptospirosis: _____

Worm treatment: _____ flea treatment: _____

Does your Dog have any allergies? ☐ Yes ☐ No

If yes, please explain: _____

Dog Info

Name: _____ Breed: _____

Sex: _____ Age: _____ Birthday: ____/____/____

Spayed or Neutered: ☐ Yes ☐ No Microchip: ☐ Yes ☐ No

Weight (approximate): _____ Colour/markings: _____

Where did you get your dog?

☐ Breeder ☐ Pet shop ☐ SPCA ☐ Rescue ☐ Family/Friend ☐ TradeMe

☐ Other _____

How long have you had your dog? _____

Which of these characteristics would best describe your dog?

☐ Sociable ☐ Friendly ☐ Shy ☐ Timid ☐ Anxious ☐ Independent ☐ Territorial

☐ Mild Aggressive ☐ Other _____

Did your dog have any physical or medical problems in the past? ☐ Yes ☐ No

If yes, please explain:



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Does your dog have any physical or medical problems at present? ☐Yes ☐No

If yes, please explain:

Temperament & Behaviour

Has your dog ever been in day care? ☐Yes ☐No

If applying for day care, what are your reasons for enrolling in day care?

☐Socialization & play ☐Exercise ☐Long day

☐Other

Has your dog ever been boarded before? ☐Yes ☐No

Was it a good experience for your dog? ☐Yes ☐No

Please explain:

Does your dog have separation anxiety issues? ☐Yes ☐No

If yes, please explain:

Has your dog ever escaped a fence (over or under)? ☐Yes ☐No

Does your dog like to escape through doors? ☐Yes ☐No

Does your dog like to bark? ☐Yes ☐No

If yes, please tell us what prompts him/her to bark:

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Is your dog housetrained? ☐Yes ☐No

Has your dog ever bitten any person or animal? ☐Yes ☐No

If yes, please explain: _____

Is your dog housetrained? ☐Yes ☐No

Does your dog guard his/her food? ☐Yes ☐No Toys? ☐Yes ☐No

If yes, please explain:

Does your dog get along well with other dogs? ☐Yes ☐No with puppies? ☐Yes ☐No
with small dogs? ☐Yes ☐No

Is your dog ever aggressive with other dogs he/she is playing with ☐Yes ☐No

If yes, what are the circumstances that cause the aggression?

What are your dog's fears or dislikes? (Please list any, visual or audible)

Does your Dog like to be brushed? ☐Yes ☐No

Does your dog have any sensitive body areas? ☐Yes ☐No

If yes, please explain:

Is your dog comfortable with having his/her feet touched? ☐Yes ☐No

Is your dog comfortable with having his/her collar used to lead? ☐Yes ☐No



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Does your dog chew inappropriate items? ☐Yes ☐No

Does your dog like: Children? ☐Yes ☐No

Men? ☐Yes ☐No

Women? ☐Yes ☐No

Strangers? ☐Yes ☐No

If no, please explain:

Please list your dog's favourite toys & games:

☐Ball ☐Frisbee ☐Tug of war ☐Cuddles ☐Belly rubs ☐Brushing ☐Massage

☐Other: _____

What is your dog's favourite place to go potty?

Outside ☐Yes ☐No On newspaper ☐Yes ☐No Potty pad ☐Yes ☐No

☐Other: _____

Does your dog have a toilet command? ☐Yes ☐No

If so, what is it? _____

What commands does your dog know?

☐Sit ☐Down ☐Stay ☐Come ☐Leave it ☐Drop It ☐Fetch ☐Heel

☐Other: _____

What motivates your dog? ☐Food ☐Toys ☐Praise ☐Attention

☐Other: _____

Does your Dog show any destructive behaviours when you are not at home? ☐Yes ☐No

If yes, please explain: _____

Is your dog.... (please check all that apply):

Allowed to run free in the home: ☐supervised ☐unsupervised

Allowed to run in a fenced yard: ☐supervised ☐unsupervised

☐Leash walked only

☐Outside unleashed but supervised

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Does your dog have any exercise limitations? ☐Yes ☐No

If yes, please explain: _____

Is your dog aggressive on a leash? ☐Yes ☐No

How is your dog's recall command (come when called)? _____

Does your dog jump up on you or strangers? ☐Yes ☐No

Feeding

My dog eats ☐Breakfast ☐Lunch ☐Dinner _____ cup(s) at each meal.

Special Feeding Instructions:

Does your dog have any food allergies that you know of? ☐Yes ☐No

If yes, please explain:

What type of food do you feed your dog? ☐Dry ☐Wet ☐Special diet

Please explain: _____

Is your dog allowed treats? ☐Yes ☐No

Please state any other information we should know about your dog:
