



**12 Victor Street**  
**Beaumaris Vic 3193**  
**m: 0417 164 898**  
**e: packleader@baysidebuddies.com.au**  
**w: 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?	
<input checked="" type="checkbox"/> Access to property / house key / alarm code <input checked="" type="checkbox"/> Vaccination certificate (all dogs must be vaccinated (C5) and registered with the council) <input checked="" type="checkbox"/> 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:  
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Are there any medical/behavioural issues we should be aware of?  
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