Roxanne Balchin – 0438 100 362
56 Brook Road, Wattle Grove WA.

Please email back to foxwood@iinet.net.au

SPOIL YOUR DOG WITH A DAY ON THE FARM!

Situated in Wattle Grove, our farm environment, large spaces and freedom to stretch is unique in the Doggy Day-care industry. We treat your best friend as part of our family and take care of them like our own whilst you are at work.

We understand that your dog is unique therefore we offer a variety of exercise areas, with supervised play and mental/physical enrichment to cater for all ages, sizes and temperaments. We provide a safe, caring and natural environment and with additional services available such as training, bathing and grooming, your dog will feel right at home.

Foxwood Farm has a long history in the equine industry, running a successful riding school and equestrian business. We have over 38 years' experience in caring for and loving dog. We are invested in their happiness and will do everything required to give you peace of mind.

OPENING HOURS: 7am – 6pm Monday to Friday

FEES: *(inclusive of GST)*

Full Day (between the hours of 7am – 6pm)	$44.00 (first dog)
Full Day (between the hours of 7am – 6pm)	$40.00 (second dog)
Half Day (5 hrs or less – between the hours of 7am – 6pm)	$30.00
Late Fees (prior to 7am & after 6pm)	$10.00 (per 30 min period)

Payment to be made at drop off or pick up, same day. Cash/EFT facilities available.

ENROLEMENT/DOG ASSESSMENT PROCESS

Prior to your canine friend attending our centre, we require the online enrolment form to be completed. This form will give us the fundamental information we need to assess our ability to care for your dog. Once you have completed the form, we will contact you for a face to face (dog to face!) assessment which will be carried out in accordance with our Dog Assessment Policy.

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FOXWOOD FARM DOGGY DAYCARE
ENROLEMENT FORM

OWNER DETAILS/HISTORY

NAME:_____

RESIDENTAL ADDRESS: _____

MOBILE:_____ **EMAIL**:_____

HOW LONG HAVE YOU OWNED YOUR DOG: Years:_____ **Months**:_____

DOG DETAILS

NAME: _____

BIRTH DATE OR AGE:_____

WEIGHT (KG):_____ **SEX**: (*PLEASE CIRCLE*) MALE / FEMALE

HAS YOUR DOG BEEN NEUTERED: YES / NO **BREED**:_____

COLOUR/MARKINGS:_____

SHIRE REGISTRATION NUMBER:_____

MICROCHIP NUMBER:_____

VET DETAILS:_____

HEALTH AND MEDICATION

FLEA AND TICK: Brand of Treatment_____ Last Administrated: _____

HEARTWORM PREVENTION: Brand of Treatment_____ Last Administrated: _____

INTESTINAL WORM: Brand of Treatment_____ Last Administrated_____

If yes to any of the following questions, please provide details.

VACINATION DATE: _____ SIGHTED: YES/NO
DOES YOUR DOG REQUIRE A MEAL WHISLT IN CARE: _____

DOES YOUR DOG HAVE ANY ALLERGIES:_____

DOES YOUR DOG REQUIRE ANY MEDICATION WHILST IN CARE:_____

ADDITIONAL HEALTH INFORMATION:_____
_____

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SOCILIASTION HISTORY – *PLEASE PROVIDE FULL DETAILS*

HAS YOUR DOG BEEN SOCIALISED REGULARLY WITH PEOPLE AND OTHER DOGS:

_____

_____

PLEASE IDENTIFY ANY SPECIFIC BREEDS OR TYPES OF DOGS THAT YOUR DOG IS NOT COMFORTABLE WITH (***e.g. does not like large dogs***): _____

_____

DOES YOUR DOG REGULARGY GO OFF LEASH IN A PARK ENVIRONMENT: _____

_____

HOW WELL DOES YOUR DOG WALK ON A LEASH: _____

_____

IS YOUR DOG TOILET TRAINED: YES / NO _____

WOULD YOU APPROVE YOUR DOG HAVING FOOD REWARDS: YES / NO _____

DOES YOUR DOG ENJOY BEING CUDDLED AND/OR PETTED: YES / NO _____

DOES YOUR DOG HAVE ANY ISSUES WITH THE FOLLOWING: *(PLEASE CIRCLE)*

- Barking
- Defiance
- Selective hearing
- Shyness
- Spraying/marking territory
- Digging
- Mounting other dogs/objects
- Crying
- Eating faecal matter
- Toy possessiveness
- People possessiveness
- Food possessiveness
- Jumping fences
- Jumping up at people
- Chewing
- Howling
- Mouthing

PLEASE LIST THE COMMANDS YOUR DOG RESPONDS TO: _____

_____

HAS YOUR DOG BEEN TO PUPPY TRAINING: YES / NO _____

HAS YOUR DOG EVER SHOW AGRESSION TO PEOPLE: YES/NO _____

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HAS YOUR DOG EVER SHOWN AGGRESSION TO OTHER DOGS: YES / NO

_____

IS YOUR DOG FRIGHTENED BY LOUD NOISES: YES / NO _____

HAS YOUR DOG EVER SUFFERED FROM SEPERATION ANXIETY: YES / NO _____

IS YOUR DOG COMPERTABLE IN A CRATE: YES/ NO _____

IS THERE ANY OTHER THING YOU WOULD LIKE TO TELL US ABOUT YOUR DOG: _____

_____

_____

ATTENDANCE – *PLEASE CIRCLE YOUR PREFERENCE FOR ATTENDANCE*

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

****

BY SUBMITTING THIS FORM, YOU AGREE THAT THE INFOMRATION YOU HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

SIGNED:_____

DATE:_____

NAME:_____