

# Enrolment Form

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## YOUR CONTACT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

## DOGS DETAILS

Dog Name	<input type="text"/>	Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>
Breed	<input type="text"/>	Desexed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
DOB	<input type="text"/>	Microchipped	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Vaccinated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Does your dog have any allergies or medical conditions? (If yes, please describe):

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Is your dog currently on any medication? (If yes, please list):

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Has your dog ever shown signs of aggression or anxiety?

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Is your dog friendly with other dogs?:

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Has your dog attended daycare or training before?:

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## VET DETAILS

Clinic Name

Vet Name

Clinic  
Address

Preferred emergency vet  
(if different to above)

Pet Insurer Name  
(If relevant)

Do you give consent for me to attend a vet clinic if  
deemed necessary, or in an emergency situation?

Yes

☐

No

☐

Do you agree to pay the costs involved in any required  
treatment? *(Unless the injury/illness is deemed to be  
caused by A Dogs World Matters)*

Yes

☐

No

☐

Please detail any behaviour issues that your dog is displaying, or that you would like help  
with:

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Please provide any other information that may help me care for your dog:

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I confirm that the information provided above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Helen Price - 0490 092 829  
hello@adogsworldmatters.com.au

