












PO Box 146  
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# Registration Form

Please fill in all fields marked with   
 and others if you know them

Owner's Name 		
Address: 	Suburb: 	Postcode:
Home Phone: 	Mobile: 	Work Phone:
Email: 	Emergency contact number:	
Method of payment 	Vet's name and telephone number	
Services required (please be as detailed as possible) 		
First date of service: 	Last date of service: or frequency 	
Cost per visit \$	Total Cost \$	

Pet Details		
Type of Pet: 		
Name: 	Breed	
Sex: 	Age: 	De-sexed: 
Illnesses known or comments/unsafe behaviors 	Medication:	
	Microchip Number:	
Council ID No: 	Council: 	

## Terms and conditions:

### Operating Practice:

Baybark's mission is to take the best possible care of your pet, property and interests. Every effort will be made to keep them safe and happy. Please state any behavioral or health difficulties that may affect their welfare under our care, for example, fights, digging holes under fences, snappy at joggers etc. Damage to other people or dogs, caused by aggressive behavior from your dog will be at your expense.  
 Note: Females in season will not be walked.

### Unforeseen Circumstances

There may be circumstances where a Baybark carer is required to make decisions regarding your pet, for its own well-being. These circumstances may be, but are not limited to, the need to take your pet to a vet (every effort will be made to contact your veterinarian, if that is not possible, Baybark will engage the veterinarian in their opinion can best meet the medical needs of your pet), employ a locksmith to enable access to your property or retrieve and return your pet which is at large. You accept that Baybark has the right to determine when these services are necessary in your absence and to invoice you to cover any expenses incurred.

### Council Restrictions:

I understand that council restrictions in Bayside & Kingston require my dog to be wearing its council ID tag at all times.  
 If I supply the dog without this ID, I understand any fines arising from this will be at my expense and I will accept liability for same.

**I understand and agree to all terms, conditions and costs outlined above.**

Owners Name: (please print)

Signature

Date: