

DOG'S NAME		
BREED		
VACC.LEVEL	Next due date	Sighted by



HOLDFAST DOG CENTRE
BRIGHTON OVAL COMPLEX, STOPFORD ROAD, HOVE

PO BOX 66 BRIGHTON 5048

web: www.holdfastdogs.org.au email: holdfastdogs@optusnet.com.au

PH: 8377 0737

MOB: 0405 559 150

ABN 83 053 324 355

Name of Owner/Guardian	Membership \$10 per calendar year	
	Previous Member <input type="checkbox"/>	New Member <input type="checkbox"/>

Address: _____

 _____ Pcode _____

Dog's Date of Birth or Age ____/____/____ Age _____

Gender? (M / F)	Desexed? (Y / N)	Microchipped? (Y / N)
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FIRST CONTACT Phone Number: (prefer mobile) _____

SECOND CONTACT Phone Number: _____

EMERGENCY CONTACT:

This should be someone who does not live with you, but who would pick the dog up for you in the case of an emergency. (We would be willing to drop the dog somewhere in an emergency if requested.)

NAME OF EMERGENCY CONTACT _____
PHONE NO. (Prefer Mobile) _____

NORMAL VETERINARY CLINIC _____
PHONE NO. _____

YOU MUST BE A CURRENT MEMBER OF THE HOLDFAST DOG CENTRE TO ACCESS DAY CARE

PLEASE READ PROVIDED CONDITIONS CAREFULLY BEFORE SIGNING

*I HAVE READ THE TERMS & CONDITIONS OF DAY CARE AND AGREE TO ALL THE STATED CONDITIONS
 I AGREE TO BECOMING A MEMBER OF THE HOLDFAST DOG CENTRE*

SIGNATURE OF OWNER/GUARDIAN _____
DATE _____

PLEASE COMPLETE BELOW IF PERMANENT BOOKING REQUIRED

I WOULD LIKE A REGULAR BOOKING AS LISTED BELOW (Indicate in appropriate square(s))

FULL DAY(S)	4 HOURS	_____ HOURS
TUESDAY	THURSDAY	FRIDAY
		Weekly
		Fortnightly