Owner Registration & Dog Intake Form

Checked In:	_____ *Date*	_____ *Time*	
Checked Out:	_____ *Date*	_____ *Time*	_____ *Owner Signature*

Owner Name: _____ Phone: _____
(or representative)

Dog Information

Name	Breed	Sex	Bay & Kennel #

Referring to conditions of entry criteria;

	Y	N
Have all dogs been 'C5' vaccinated?	☐	☐
Are any dogs considered a 'dangerous dog' (as defined by applicable Regulations)?	☐	☐

Do any dogs have any behaviour or temperament issues? ☐ ☐

Details:

Are any dogs currently suffering from an injury or any medical condition? ☐ ☐

Details:

Owner Declaration

- The information I have provided herein is accurate to the best of my knowledge and belief.
- I indemnify GreyhoundsWA from any liability arising from any injury, illness or misadventure experienced by myself, my representative/s or my dogs whilst in attendance at this facility.

Name: _____

Signature: _____

Date: _____

Document Control

Version	Change	Republished
1.0	First Issued	21 Jan 2021
2.0	Provision to register multiple dogs	10 Feb 2021
3.0	Reviewed	16 Dec 2025