



NEW CLIENT ENROLLMENT FORM

CLIENT INFORMATION

NAME

ADDRESS

STREET

CITY

PROV.

POSTAL CODE

PHONE

HOME

WORK

MOBILE

EMAIL

EMERGENCY CONTACT

NAME

RELATIONSHIP TO YOU

ADDRESS

STREET

CITY

PROV.

POSTAL CODE

PHONE

HOME

WORK

MOBILE

EMAIL

VETERINARIAN

NAME

CLINIC NAME

ADDRESS

STREET

CITY

PROV.

POSTAL CODE

PHONE

EMAIL

DOG INFORMATION

Name _____ Breed _____

Description / Colour _____

Sex **M** | **F** Age _____ Height _____ Weight _____ Spayed / Neutered **Y** | **N**

Dog Tags _____ Microchip / Tattoo Details _____

How long have you had your dog? _____

Where did you get your dog? _____

HEALTH INFORMATION

What is your dog's general physical condition? _____

Does your dog have any medical conditions? _____

Please explain: _____

Does your dog have hip dysplasia or arthritis? _____

Any restrictions on activities? _____

Is your dog prone to any allergies? _____

Does your dog have a history of eye, ear, or skin infections? _____

Has your dog ever had hot spots? _____

Is your dog on any medication? _____

Is your dog on a flea/tick program? _____

GROOMING INFORMATION

Does your dog like to be brushed? **Y** | **N** Does your dog require frequent brushing? **Y** | **N**

How does your dog react to having his nails trimmed? _____

How does your dog react to bathing? _____

Has your dog ever had a skin reaction to certain types of shampoo? _____

Do you take your dog to a groomer? **Y** | **N** If so, how often? _____

TRAINING INFORMATION

Has your dog had formal obedience training? **Y** | **N**

When? _____ With whom? _____

What commands does your dog obey? _____

What kind of collar do you use when you walk your dog? _____

Has your dog been crate trained? **Y** | **N**

FEEDING INFORMATION

How is your dog's appetite? _____

How often does your dog eat? _____ Do you leave food out all of the time? **Y** | **N**

What brand does your dog eat? _____ Amount per serving? _____

Do you add any supplements to your dog's food? _____

Are there any treats your dog may not have? _____

Does your dog have any unusual eating habits? _____

SLEEPING INFORMATION

Where does your dog sleep at night? _____

What does he sleep on? _____

Is your dog allowed on the furniture at home? **Y** | **N**

PLAY TIME + WALKING INFORMATION

How would you describe your dog's energy level? _____

How often do you walk your dog? _____ Do you allow your dog off-leash? **Y** | **N**

How is your dog on-leash? _____

What is your dog's favourite activity at the park? _____

What kinds of toys does your dog like to play with? _____

Does your dog like to swim? **Y** | **N**

BEHAVIOURAL INFORMATION

What is your dog's general temperament? _____

Does your dog go to a dog park or doggy daycare? _____

Has your dog ever been in a fight? **Y | N** Does your dog play with other dogs? **Y | N**

Does your dog's behaviour depend on the size, breed, or gender of other dogs?

How does your dog react when meeting another dog? _____

Has your dog ever been left overnight before? **Y | N**

Has your dog ever had any behavioural problems either while you were away or upon your return?

Where is your dog when you are not at home? _____

Has your dog ever run away for any reason? **Y | N**

Does your dog have any fears? _____

How does your dog react to a stranger coming into your home? _____

Has your dog ever bitten someone? Circumstances? _____

Does your dog like children? **Y | N**

Has your dog ever growled at anyone taking away food or toys? **Y | N**

Does your dog have any problems in the following areas:

BARKING

DIGGING

MOUTHING

DESTRUCTIVE CHEWING

INGESTING NON FOOD ITEMS

NERVOUSNESS

IGNORING COMMANDS

JUMPING UP ON PEOPLE

CHASING RUNNERS OR CYCLISTS

SEPARATION ANXIETY

When is the last time your dog had an "accident" in the house? _____

Why? _____

How are your dog's car manners? _____



VETERINARIAN CLEARANCE FORMS

Dog Owner's Name _____ Dog's Name _____
 Breed _____ Date of Birth _____
 Veterinarian _____ Clinic _____

Dear Doctor:

I would like my dog to use Uberdog's boarding services and/or to participate in Uberdog's canine exercise activities. Please provide them with the following information, by faxing this form to Uberdog at 1.866.801.4258 or by scanning and emailing it to *info@uberdog.ca* at your earliest convenience.

Thank you.

Sincerely,

SIGNATURE OF OWNER

VACCINATION

DATE ADMINISTERED

Rabies _____	_____
DHPP _____	_____
Bordatella _____	_____
Parvovirus _____	_____
Flea Prevention Program _____	_____

Other medical information Uberdog should know about my dog:

SIGNATURE OF VETERINARIAN

DATE

Uberdog The Midtown • 49 Research Road, Toronto ON M4G 2G8
Tel: 416 421 2040 • Fax: 1 866 801 4258 • *info@uberdog.ca* • *uberdog.ca*



CUSTOMER AGREEMENT

1. Uberdog Inc. agrees to exercise due diligence in the care of my dog. In addition Uberdog Inc. agrees to keep its premises clean and sanitary. My dog will be cared for by Uberdog staff only, without liability on Uberdog’s part for loss or damage from disease, theft, fire, death, escape, injury or harm to persons, other dogs or property by my dog, due diligence and care having been exercised by Uberdog.
2. I agree to pay the boarding rate in effect on the date my dog is checked into the Uberdog boarding service and to pay all costs and charges for special services requested. These costs shall be payable upon the pickup of my dog or the drop off of my dog at my home or when billed by Uberdog.
3. I agree to pay the rate in effect for any exercise or other services when billed by Uberdog.
4. I understand that I am solely financially responsible for any damage or harm caused by my dog while under the care of Uberdog.
5. Should my dog become ill or seem to be in need of medical attention, Uberdog in its sole discretion, reserves the right to administer aid and/or to engage the services of any available veterinarian. I shall pay any expenses incurred as a result of this medical attention.
6. My dog is in good general health and valid proof that he/she is current on Rabies, DHPP, Bordatella and Parvovirus vaccinations will be provided before he/she can stay at the Uberdog Ranch. In addition my dog is on a scheduled flea/tick prevention program. Dogs arriving with fleas and/or ticks will be bathed at owner’s expense.
7. Should my dog exhibit inappropriate aggressive behaviour toward other dogs or people, for the safety of all concerned, he/she will be placed in a secure dog run separate from other dogs.
8. Uberdog reserves the right to refuse any dog.
9. I have read and understood the terms above.

SIGNATURE OF THE OWNER

PRINTED NAME OF THE OWNER

DOG’S NAME

DATE

SAVE or **SCAN**
the completed form

email as an
ATTACHMENT
to info@uberdog.ca

QUESTIONS? Call
416 421 2040