



NEW CLIENT ENROLMENT 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 _____ Birthday _____ 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? **Y N**

If yes, please explain: _____

Does your dog have hip dysplasia or arthritis? _____

Any restrictions on activities? _____

Is your dog prone to any allergies (food, environmental, etc.)? _____

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? **Y N**

If yes, please name the medication and their purpose(s): _____

Is your dog on a flea/tick program? _____

FEEDING INFORMATION

How is your dog's appetite? _____

How often does your dog eat? _____ Do you leave food out of all 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? _____

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 her nails trimmed? _____

How does your dog react to bathing? _____

Has your dog ever had a skin reaction to certain types of shampoo or other grooming products? **Y N**

If yes, please explain: _____

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

TRAINING + BEHAVIOURAL INFORMATION

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

When? _____ With whom? _____

What commands does your dog obey? _____

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

What is your dog's general temperament? _____

Has your dog attended a daycare or dog park before? _____

Has your dog ever been in a fight? **Y** **N**

If yes, what were the circumstances? _____

Does your dog play with other dogs regularly? **Y** **N**

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

How does your dog react when encountering another dog? _____

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

If yes, please explain: _____

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

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

If yes, please explain: _____

Does your dog have any fears? **Y** **N**

If yes, please provide details: _____

How does your dog react to a stranger entering your home? _____

Has your dog ever bitten a person before? **Y** **N**

If yes, please explain the circumstances: _____

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

Does your dog display any resource guarding behaviour? **Y** **N**

If yes, please explain: _____

Does your dog have any problems in the following areas:

- | | | |
|-------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="radio"/> BARKING | <input type="radio"/> DIGGING | <input type="radio"/> MOUTHING |
| <input type="radio"/> DESTRUCTIVE CHEWING | <input type="radio"/> INGESTING NON FOOD ITEMS | <input type="radio"/> NERVOUSNESS |
| <input type="radio"/> IGNORING COMMANDS | <input type="radio"/> JUMPING UP ON PEOPLE | <input type="radio"/> CHASING RUNNERS OR CYCLISTS |
| <input type="radio"/> SEPARATION ANXIETY | | |

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

Why? _____

How are your dog's car manners? _____

Are they comfortable in a more confined setting with other dogs? **Y** **N**

PLAY TIME + WALKING INFORMATION

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

When walking your dog on leash, what concerns, if any, do you have (i.e. pulling on leash, picking up garbage, leash reactivity, etc.)? _____

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**

If yes, are there any concerns to be aware of when your dog is off-leash (i.e. prey drive, poop eating, resource guarding, etc.)? _____

How is your dog's recall when off-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**

Is it permissible for your dog to have playtime access to water/splash pool areas as they may get dirty/muddy? **Y** **N**

SLEEPING INFORMATION

Where does your dog sleep at night? _____

What does your dog sleep on? _____

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

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

ADDITIONAL INFORMATION

How did you hear about Uberdog? _____

Do you or your dog have an Instagram account? **Y** **N** Handle: _____

If so, share it so we can tag you through our own account: @uberdoginc



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 _____ | _____ |
| Bordetella _____ | _____ |
| 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, Bordetella 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

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SAVE or **SCAN**
the completed form

email as an
ATTACHMENT
to info@uberdog.ca

QUESTIONS?
Call **416 421 2040**