



806 Old Liverpool Rd.
Liverpool, NY 13088
(315) 451-3538

General Information and Pet Profile

Owners Name _____

Address _____

City / State / Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Other Emergency Contact _____

E-mail Address _____

How did you hear about Canines Unleashed? _____

Dog's Name _____

Dog's Color _____

Dog's Breed _____

Dog's Gender _____

Dog's Approx Birthdate _____

Dog's Age _____

Spayed/Neutered at what age _____

How long have you owned your dog? _____

Did you get your dog from:

Breeder / rescue / shelter / pet store / other _____

If adopted, what do you know about your dogs' past history? _____

Do you have other pets? **Y** **N**

If yes, how does your dog get along with the other pets in the household?

Is your dog crate trained? **Y** **N**

Has your dog had any obedience training? _____

If so, what kind and where? _____

If not, what commands do you use at home? _____

Hand commands _____ Bathroom commands _____

Play commands _____ Quiet commands _____

Other commands _____

Does your dog have any problems in the following areas:

Barking _____ Mouthiness _____

House training _____ Digging _____

Ignoring commands _____ Jumping gates and fences _____

What brand of food do you feed your dog _____

What is your feeding schedule? _____

Does your dog have any health problems? _____

If yes, please describe _____

Does your dog have any allergies? Y N

If yes, please describe _____

What are your dog's favorite petting spots? _____

Are there any sensitive areas on your dog? _____

Does your dog like to be brushed? _____

Has your dog ever: (if yes please explain)

Growled at someone? Y N _____

Bitten someone? Y N _____

Bitten another animal? Y N _____

Scaled a fence? (type/height) Y N _____

Reacted negatively when food or toys were taken away? Y N

Is your dog frightened by or anxious around:

Noises _____ Objects _____

Actions _____ Types/genders of people _____

Other _____

If your dog socializes with other dogs, does your dog prefer:

Larger or smaller breed dogs _____

Reactions to puppies _____

Has your dog ever visited a dog park? _____

Did he/she enjoy it? _____

Has your dog ever gone to daycare? _____

If yes, any problems? _____

Do any restrictions need to be placed on your dog's activities? Y N

(ex: due to hip displasia)

If yes, explain _____

What type of games / toys does your dog like? _____

May we give your dog biscuits or treats while he/she is in daycare? _____

What flea & tick prevention is your dog on? _____

What else should we know about your dog? _____

Please list all persons that have your permission to pick up your dog from daycare

Signature of owner

Date: _____



Canines Unleashed Pet Care Agreement

- 1) I acknowledge that Canines Unleashed Inc. has relied upon my representation that my dog is in good health and has not injured or shown aggressive or threatening behavior to any person or dog in admitting my dog for daycare at Canines Unleashed Inc.
- 2) I further acknowledge that Canines Unleashed Inc. owner and staff will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is attending daycare at Canines Unleashed Inc. I hereby release Canines Unleashed Inc. of any and all liability of any kind arising from my dog's participation in daycare at Canines Unleashed Inc.
- 3) I further understand and agree that any problems with my dog, including behavioral, medical or otherwise, will be treated as deemed appropriate by the staff of Canines Unleashed Inc. at their sole discretion, and in what they view as the best interest of the dog. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the health and well-being of my dog.
- 4) I further acknowledge that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. While the socialization and play is carefully and closely monitored by the staff of Canines Unleashed Inc. to prevent injury, I understand that it is still possible for my dog to receive injuries from contact with other dogs and that I will be solely responsible financially should such injury occur.
- 5) I further acknowledge that Canines Unleashed Inc. reserves the right to refuse admittance to my dog at any time if problems arise from my dog's attendance at daycare.
- 6) I hereby authorize the staff of Canines Unleashed Inc. to seek any and all medical attention necessary should a medical emergency arise while my dog is attending daycare and I agree to be financially responsible for any and all medical treatment my dog receives as a result of this action.

Name (print) _____

Signature _____

Date _____

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MEDICAL INFORMATION:

Veterinarian's Name _____

Hospital _____

Hospital
Address _____

Phone Number _____

DATES:

Last Physical Exam: _____

DHLPP (or the equivalent) _____

Rabies Vaccine _____

Bordatella _____

Heartworm Test _____

Heartworm Prevention _____ Last Purchase Date _____

Flea Prevention _____ Last Purchase Date _____

The above medical information is true to the best of my knowledge.

Veterinarian's Signature