

The Excellent Canine LLC Client Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-Mail Address: _____

Emergency Contact: _____

Phone: _____

Anyone else with permission to pick up your dog? Yes No

Name: _____

Phone: _____

Dog Information

1st Dog's Name: _____

Breed: _____

Color: _____ Male Female / Altered Intact

Birthday ___/___/___ or Age: _____

2nd Dog's Name: _____

Breed: _____

Color: _____ Male Female / Altered Intact

Birthday ___/___/___ or Age

DOG INFORMATION SHEET

Client Name: _____

Dog's Name _____

Feeding:

What brand of food does your dog eat? How much? How many times per day?

Special feeding instructions:

Please answer the following brief questionnaire about your dog. It will help us to better care for him/her:

Is your dog micro chipped? YES / NO

Company: _____ Number: _____

Is crate trained or was crate trained as a puppy YES / NO

Is friendly with other dogs YES / NO

Likes new adults YES / NO

Likes children YES / NO

Must stay on leash during walks YES / NO

Is allowed to have treats YES / NO

Is allowed on furniture YES / NO

Will try to escape (jump fence, try to dig out etc.) YES / NO

Is prone to chewing YES / NO

Is fearful of noises or other things YES / NO

Obeys basic commands YES / NO

Has bitten people or other dogs YES / NO

Has shown other aggression YES / NO

I agree that all photographs & video images taken of my dog while staying at
The Excellent Canine may be used for promotional purposes YES / NO

Please indicate anything else about your dog's habits or behavior that would be useful
to us in providing care:

Proof of Vaccinations and Veterinary Release Form

Please provide us with a copy of your pet's latest vaccinations (DHPP, Rabies and Bordetella).

PLEASE BE SURE YOUR DOG IS CURRENT ON FLEA MEDICATION!

Do you have pet insurance for your dog? YES / NO

Is your pet on any medication or allergic to anything? YES / NO

Medical Condition: _____

Medication: _____

Instructions: _____

If any of the pets named above becomes ill or is injured, I request that The Excellent Canine LLC take the pets to:

Veterinary Office Name: _____

Vet's Name: _____

Address: _____

Phone Number: _____

If at all possible please leave a credit card with your vet.

If the veterinary office named above is not available, I authorize The Excellent Canine LLC to take my pets to another veterinary office for treatment. I understand that The Excellent Canine LLC cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered.

If ever your pet needs emergency care and we cannot reach your or your emergency contact, did you want to put a spending limit in place? If so, how much? \$_____

This agreement is valid starting on the date below whenever The Excellent Canine LLC cares for my pets.

Owner's Signature: _____ **Date:** _____

Owner's Name (please print): _____

The Excellent Canine LLC Liability Release

The signing of this release is a one-time requirement and is activated at each training or boarding of owners' dog or dogs.

I hereby waive and release The Excellent Canine LLC, its owners, its employees, instructors, students, guests and owners of the premises from any and all liability of any nature, for injury or damage which my dog(s) may suffer or cause including specifically, but not limited to, any injury or damage resulting from its (their) actions while in or upon the premises or grounds or near any entrance thereto. I/we personally assume all responsibility and liability for any such claim. I/we further agree to hold the aforementioned parties harmless from any claim for loss of or damage to this dog by disappearance, theft, disease, fire, death or otherwise, and from any claim for damage or injury to the dog, caused or alleged to be caused by other dogs, by wild animals, or by the negligence of the parties aforementioned or any other person or any other cause or causes. I/we hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries including death.

I understand that by signing this document I am accepting responsibility for my dog(s) and myself and realize that this document may be used in a court of law.

Dog's Name: _____

Owners Name: _____

Signature: _____ Date: _____