



U.S. Canine
Dog Psychology & Behavior Modification
www.uscanine.com
P: 770.682.5434 F: 678.828.5817

CLIENT/PET INFORMATION

OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

PET INFORMATION

Name: _____ Breed: _____ Color: _____

Date of Birth: _____ Gender: _____ Spayed/Neutered: _____

VET INFORMATION

Clinic Name: _____

Heartworm Prevention? **Y** **N**

Vaccinations: Bordetella____ Canine Influenza Bivalent____ Dhpplc____ Rabies____

PET INFORMATION

Age of dog at adoption _____ Where did you acquire your dog? Shelter, Breeder? _____

If shelter or rescue adoption, please give any known history _____

Has your pet ever attended any training program? If so, describe _____

What animals are currently in your household? List with age and gender _____

Are you having behavior problems with your dog? If so, describe _____

When and where are problems better or worse? _____

Any aggression problems? Has your dog ever growled or bitten anyone? If so, must describe _____

On a scale of 1-10, with 10 being the most aggressive, how would you rate your dog's aggression? 1 2 3 4 5 6 7 8 9 10

How often and how long do you walk your dog? _____

Are there any medical conditions that may prevent you from exercising your dog? _____

Please describe your long-term goals for your dog _____

Do you own a treadmill? _____ If not, would you consider purchasing one? _____

Does your dog experience any fears or phobias? Thunderstorms, etc. _____

Does your dog have any medical conditions we should be aware of? _____

Are there any medications to be given daily? _____

Does your dog have any allergies? Food, Environmental, etc. _____

ALL DOGS MUST BE FLEA AND TICK FREE. IF NECESSARY, TREATMENT WILL BE MADE AT THE OWNER'S EXPENSE.

Would you like your dog to be bathed upon departure? YES _____ NO _____

X-Small - \$20 Small - \$25 Medium - \$30 Large - \$35 X-Large - \$40

(Excessive Hair Coat + \$5)

WAIVER

I, as owner of the above mentioned canine(s), release from liability U.S. Canine and Angie Woods, should my pet be sick or injured during the training/boarding period. There are inherent risks when participating in pack activities. I agree to be responsible for all cost incurred concerning my pet. U.S. Canine may visit the hospital of their choice. Furthermore, I have disclosed any aggressive tendencies that my pet may have.

I authorize **Angie Woods** to use my likeness in videos, photos and social media content.

Owner's Signature _____ Date _____

VETERINARY RELEASE

By submitting this Boarding Admission Form, the pet owner agrees to the following terms:

If Owner's pet becomes ill or if the state of the pet's health otherwise requires professional attention, U.S. Canine and its agents, in their sole discretion, may engage the services of a veterinarian of its choosing to administer medicine and/or give other requisite attention to the pet. Owner gives consent to U.S. Canine and its agents to act in the Owner's behalf in obtaining emergency veterinary care at Owner's expense if deemed necessary by U.S. Canine or any of its employees. Owner further agrees to be liable for and timely pay the expenses incurred on behalf of the Owner's pet. Owner agrees to indemnify and holds U.S. Canine and its employees harmless from said expenses.

Owner's Signature _____ Date _____

