



Client Information:

Name: _____

Address: _____

Contact information

Home: _____

Work: _____

Cell: _____

Fax: _____

E-mail: _____

Emergency Contact Person:

Name: _____

Relationship: _____

Address: _____

Contact information

Home: _____

Work: _____

Cell: _____

Fax: _____

E-mail: _____

Veterinarian:

Name: _____

Address: _____

Telephone number: _____

Dog Information:

Name _____

Breed _____

Description/ colour _____

Sex _____

Spayed/neutered _____

Age _____

Height _____

Weight _____

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?
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? _____

Does your dog require frequent brushing? _____

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

How does your dog react to bathing? _____

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

Do you take your dog to a groomer? _____ How often?: _____

Feeding Information:

How is your dog's appetite? _____

How often does your dog eat? _____

Do you leave food out of all the time? _____

What brand of food does your dog eat? _____

How much food 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? _____

Training Information:

Has your dog had formal obedience training?
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? _____

Sleeping Information:

Where does your dog sleep at night? _____
What does he sleep on? _____
Is your dog allowed on the furniture at home? _____

Play time and 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? _____
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? _____

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? _____
Does your dog's behaviour depend on the size, breed, or gender of other dogs? _____
How does your dog react when meeting another dog? _____
Does your dog play with other dogs? _____
Has your dog ever been left overnight before? _____
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? _____
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? _____
Has your dog every growled at anyone taking away food or toys? _____
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 _____
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: _____ DOB: _____

Veterinarian: _____

Dear Doctor:

I would like my dog to visit überdog's overnight ranch and spa and/or to participate in überdog's canine exercise activities. Please provide them with the following information, by faxing this form to überdog at 1.866.801.4258, at your earliest convenience.

Thank you.

Sincerely,

Signature of Owner

Vaccination	Date Administered
Rabies _____	_____
DHLPP _____	_____
Bordatella _____	_____
Parvovirus _____	_____
Flea Prevention Program _____	_____

Other medical information überdog should know about my dog:

Signature of Veterinarian

Date



Customer Agreement

1. Uberdog Inc. operating as the Uberdog Ranch and Spa (“Uberdog”) 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 Ranch 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 understand that I am solely financially responsible for any damage or harm caused by my dog while under the care of Uberdog.
4. 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.
5. My dog is in good general health and valid proof that he/she is current on Rabies, DHLPP, 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.
6. 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.
7. Uberdog reserves the right to refuse any dog.
8. I have read and understood the terms above.

Signature of the Owner

Printed Name of the Owner

Dog’s Name

Date

**FAX PAGES 1-5 TO:
1-866-801-4258**