



DOGS CROSSING

CANINE TRAINING & PET SERVICES



(PET CARE SERVICE AGREEMENT)

CLIENT INFORMATION:

Name: _____
 Address: _____ City: _____ Postal Code: _____
 Cell #1 / Name: _____ #: _____
 Cell #2 / Name: _____ #: _____
 Email: _____,
 Emergency Contact:
 Name: _____ Relationship: _____
 Number: _____

PET INFORMATION:

Name: _____ Age: _____ Sex: F / M Breed: _____
 Spayed or Neutered: Yes / No
 Tattooed or Micro-chipped: Yes / No (If yes, location) _____
 Is your dog licenced? Yes / No Licence ID #: _____
 Registered City: _____
 Does your dog have an ID Tag on their collar? Yes / No

VETERINARIAN INFORMATION:

Clinic Name: _____ Clinic Phone #: _____

VETERINARY CARE WAIVER/RELEASE:

I _____, authorize Dogs Crossing Canine Training and Pet services INC to obtain any emergency veterinary care that is deemed vital and necessary during my dog's time spent with Dogs Crossing Canine Training and Pet Services INC. I understand that every effort will be made to contact me prior to obtaining emergency care. However, if I am unable to be reached, Dogs Crossing is to act on my behalf. I accept responsibility for any charges related to this emergency care. I also authorise Dogs Crossing to use an alternative veterinarian if my regular veterinarian is unavailable.

HEALTH:

Are your pet's vaccinations up to date? Yes / No Date of last vaccine: _____
 Is your dog currently up to date on flea and tick treatment? Yes / No
 Date of last treatment/application: _____

Is your dog currently on any medication? Yes / No
medication & instructions:

Does your pet have any allergies? Yes / No If yes, please describe

PREVIOUS CARE:

Is your dog adopted from an animal rescue or from a previous owner? Yes / No
If yes, please describe

Has your dog been boarded before? Yes / No
If yes, please describe

If yes, how did your dog cope during boarding?

Has your dog been walked by a commercial dog walker before? Yes / No
If yes, please describe whether it was solo walks, on leash only, or off leash adventures

BEHAVIOURAL:

How would you describe your dog's personality type?

Has your dog ever shown aggressive behavior toward people? Yes / No
If yes, please describe

Has your dog ever been involved in an altercation with another dog? Yes / No
If yes, please describe

If your dog shows aggression towards people and/or dogs? What triggers them?

Does your dog have separation anxiety? Yes/ No
If yes, please describe

Does your dog willingly accept handling by others? (grooming, nail clipping, etc.)

Does your dog destructively chew household items when left alone? Yes / No

Does your dog a territorially urinate in a new environment/or around other dogs? Yes / No

Is your dog crate trained? Yes / No

If so, when is the crate used (naps, bedtime, while at work? etc): _____

Has your dog been introduced to small pets? Yes / No Please describe.

How does your dog respond to young children?

Does your dog a resource guard his/her TOYS, FOOD BOWL, CRATE, or PEOPLE?

If Yes, describe below.

Does your dog exhibit any of these behaviours? Please circle.

thunder shy / eats feces / eats garbage / begs / chases vehicles/bikes/squirrels / barks at door / obsessed with Chuck-IT/ herds children and animals / uncontrollable bowels or bladder / obsessive digging / jumps up on people / hyperactive / dominant towards other dogs / submissive towards other dogs / obsessive licking / obsessive biting / carsickness / un-socialized / kennel syndrome / fearful/ shy / OTHER:

OBEDIANCE:

Have you and your dog taken any type of obedience classes before? Yes / No

If yes, please describe

How would you rate your dog's off leash recall? Please circle one.

100% PERFECT STRONG FAIR POOR

What distracts your dog from recall?

How would you rate your dog's on leash manners? Please circle one

100% RESPECTFUL SATISFACTORY POOR

If you circled POOR, do you use a Halti, body harness or other tool to control your dog while on leash?

Yes / No Please describe.

OFF LEASH WAIVER/RELEASE:

I _____, authorize Dogs Crossing Canine Training and Pet Services INC to have my dog off leash. Dogs Crossing agrees to take all precautions when my dog is off leash. Dogs Crossing agrees to respect park and city bylaws when my dog is off leash. I understand the risks involved when my dog is off leash and accept all fees and responsibility if my dog is injured, injures another dog/or person or escapes when off leash in her care.

DIET:

Brand: _____

Portions: _____

Meals per day: _____

Special instructions:



ACCOMODATIONS:

Where does your dog rest when you are at home or when you leave the house?

LAST QUESTION (we promise!):

How did you hear about our services?

Yelp / Facebook / Referral / Flyer / Advertisement/ Google / Other _____

Follow us on   to keep in the loop on all the fun your pet will be having with us!

RELEASE WAIVER:

1. I am have been made aware of the (Rates and Fees) and (Cancellation Policy) of Dogs Crossing Canine Training and Pet Services INC and agree to pay as per agreed upon.
2. I have been made aware that Dogs Crossing is a licensed and insured business
3. I represent that my dog does not currently have any communicable diseases and/is up to date on all required vaccinations. My dog does not suffer from any illness, or condition which could affect it, other pets or employee safety at Dogs Crossing.
4. I give my permission to Dogs Crossing Canine Training and Pet Services INC to take pictures of my pet while in their care and to post these pictures on Dogs Crossing website and social network pages.
5. By loaning Dogs Crossing a key to my home, I have granted them access to my home to perform animal care services. The key will be returned by my request.
6. If your key is lost while in possession of Dogs Crossing, Dogs Crossing will be responsible for the cost of replacing the key. Dogs Crossing will not assume responsibly for replacing the locks in the event of a lost key.
7. I certify that I have fully disclosed any and all information regarding my dog's behavioral issues or bite history
8. I understand that if my dog displays aggressive and/or threatening behavior, that for the safety and health of my dog and others, he/she will be muzzled.
9. I understand that I am solely responsible for any harm or damages to either Dogs Crossing's staff, property, live animals, or the public caused by my dog during its time spent with Dogs Crossing. I assume full financial responsibility for any and all expenses involved.
10. As the owner, I am responsible for licensing my dog. I am solely responsible for any by-law fines/fees that may be infringed upon Dogs Crossing while my dog is in their care if my dog is unlicensed.

Agreed and Accepted this _____ day of _____, 20____

Owner Signature _____ Phone Number _____

Printed Name of Owner _____ Dog Name and Breed _____.

Thank you for your business!