

# A Canine Experience, Inc.

**Owner:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer(s) \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency contacts \_\_\_\_\_

**Dog(s):**Name: \_\_\_\_\_ Breed \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_  
Female \_\_\_ Spayed \_\_\_

Type of food: \_\_\_\_\_ Amount: \_\_\_\_\_

Date of last vaccines: DHLPPC \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_

Name: \_\_\_\_\_ Breed \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_  
Female \_\_\_ Spayed \_\_\_

Type of food: \_\_\_\_\_ Amount: \_\_\_\_\_

Date of last vaccines: DHLPPC \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_

Vets name &amp; number: \_\_\_\_\_

Health problems: \_\_\_\_\_

A Canine Experience, Inc. strives to take the best possible care of your precious pet. If for any reason your dog should require veterinary care we will do our best to contact you first. If we feel it necessary, we will take your dog to the veterinarian and will follow the veterinarian's instructions. Owners agree to pay any veterinarian charges incurred during their dog's stay at the time the dog is picked up.

A Canine Experience, Inc. has permission to use pictures of my animals or family in promotional materials without providing compensation of any kind.

A Canine Experience, Inc. will not be held liable for any injuries, illness, death or loss while your dog is in our care. Feel free to bring a dog bed or blanket or safe dog chew and toys. Be aware that these items may be damaged or lost and A Canine Experience, Inc. will not be held responsible to replace such items.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by \_\_\_\_\_

**Would you like your dog to have.....?**

**Yes**

**No**

Training for an additional \$22 per dog per day?

A 1-mile walk for an additional \$10 per walk?

Half hour playtime in the park \$10 per time?

**\$5 for each additional dog**

Would you like your dog to play with other dogs while in the park?

Half Hour Spoiling for your dog \$10 per time?

**\$5 for each add additional dog**

Day Care While boarding \$15 per time(Mon-Fri only)?

**\$10 for each additional dog**

A bath for an additional \$20-\$30 per dog?

Toe Nails extra \$10 per dog

**Does your dog have.....?**

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Any aggression problems?

Any aggression or possessiveness over food or bones?

Any aggression toward other dogs?

A tendency to escape or run away?

Any medical conditions we should be aware of?

If yes explain \_\_\_\_\_  
\_\_\_\_\_

Any behavior problems we need to be aware of?

If yes explain \_\_\_\_\_  
\_\_\_\_\_

Any other information we should know?

If yes explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

