



# CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). To ensure the best care possible, please take the time to fill in this form completely.

## OWNERS INFORMATION

Owner's Name(s) \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile # \_\_\_\_\_ (2<sup>nd</sup> Mobile # \_\_\_\_\_)  
 Emergency Contact Name (other than owner) \_\_\_\_\_ Mobile \_\_\_\_\_  
 How did you find us? \_\_\_ Google \_\_\_ Facebook \_\_\_ Bing \_\_\_ Yelp \_\_\_ Rover \_\_\_ Promotion \_\_\_ Flyer \_\_\_  
 \_\_\_ If Referral, from who? \_\_\_\_\_

## PET HISTORY

Pet 1		Pet 2	
Pet Name		Pet Name	
Age		Age	
Gender		Gender	
Breed		Breed	
Spayed/Neutered		Spayed/Neutered	
Medical concerns		Medical Concerns	
Daily Medication		Daily Medication	
Other		Other	

## Vaccines (please circle Y or N)

Rabies: Y / N Date: \_\_\_\_\_ Bordetella (Kennel Cough): Y / N Date: \_\_\_\_\_ Distemper (DHPP): Y / N Date: \_\_\_\_\_

## Vet Information

Facility: \_\_\_\_\_ Veterinarian: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

\*If my pet needs immediate medical attention, I hereby agree that UCA can take the pet to the nearest medical facility.

Owner is responsible for all medical expenses associated with the visit. **Initial:** \_\_\_\_\_

Please read and check the following boxes below:

Y / N Does your dog(s) experience separation anxiety when apart from their human companion?

Y / N Does your dog(s) play well with a variety of dog breeds, size, and age? If "no", please explain:

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Y / N Has your dog(s) had any formal obedience training, if "yes" please share this info:

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Y / N Can your dog(s) be off leash and obey voice recall?

Y / N Does your dog(s) have any behavior issues? (Shyness w/ strangers, aggression towards men or women, responses to thunder or guns) If "yes" please explain:

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I understand UCA will exercise all due diligence and care in the guardianship of my dog(s). I hereby waive and release UCA its employees, owners or agents from any liability of any nature for injury or damage, including that which may result from the action of any pet including my own and I expressly assume the risk of such damage or injury while my dog(s) participate in UCA adventures. **Initial:** \_\_\_\_\_

I agree to pay for all services due at time they are rendered. **Initial:** \_\_\_\_\_

I certify that my dog(s) is/are in good health and has/have not been ill with any communicable disease(s) within the last 30 days. **Initial:** \_\_\_\_\_

I would like UCA to send me photos of my dog(s) enjoying their adventure, walk, or care taking, but I understand that this authorizes UCA to use these photos of my dog(s) on any and all UCA promotional materials. **Initial:** \_\_\_\_\_

With my signature below, I accept exclusive and sole responsibility for these and all other risks, and release UCA of all liability, no matter the cause.

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