



NEW CLIENT ENROLLMENT FORM

CLIENT INFORMATION

NAME

ADDRESS

STREET

CITY

PROV.

POSTAL CODE

PHONE

HOME

WORK

MOBILE

EMAIL

EMERGENCY CONTACT

NAME

RELATIONSHIP TO YOU

ADDRESS

STREET

CITY

PROV.

POSTAL CODE

PHONE

HOME

WORK

MOBILE

EMAIL

VETERINARIAN

NAME

CLINIC NAME

ADDRESS

STREET

CITY

PROV.

POST

PHONE

EMAIL

DOG INFORMATION

Name _____ Breed _____

Description / Color _____

Sex M F Age _____ Height _____ Weight _____ Spayed / Neutered Y N

HRM Dog Tags _____ Microchip / Tattoo Details _____

How long have you had your dog? _____

Where did you get your dog? _____

HEALTH INFORMATION

Does your dog have any medical conditions?

Please 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? _____

TRAINING INFORMATION

Has your dog had formal obedience training? Y N

What commands does your dog obey? _____

PLAY TIME + WALKING INFORMATION

How would you describe your dog's energy level? _____

Do you allow your dog off leash? Y N

How is your dog on-leash? _____

Does your dog like to swim? Y N

BEHAVIOURAL INFORMATION

What is your dog's general temperament? _____

Does your dog go to a dog park or doggy daycare? _____

Does your dog play with other dogs? Y | N

Has your dog ever had any behavioral problems either while you were away or upon your return? Y | N

Does your dog have any fears? _____

Has your dog ever bitten someone? Circumstances? _____

Does your dog like children? Y | N

Has your dog ever growled at anyone taking away food or toys? Y | N

Does your dog have any problems in the following areas?

- | | | |
|--|---|---|
| <input type="radio"/> Barking | <input type="radio"/> Destructive Chewing | <input type="radio"/> Ignoring Commands |
| <input type="radio"/> Separation Anxiety | <input type="radio"/> Digging | <input type="radio"/> Ingestion of non-food items |
| <input type="radio"/> Jumping on people | <input type="radio"/> Nervousness | <input type="radio"/> Chasing runners or cyclist |
| <input type="radio"/> Mouthing | | |

How are your dog's car manners? _____

VACCINATION

DATE ADMINISTERED

Rabies

DHPP

Bordetella

Parvovirus

Other medical information HFX DOG should know about my dog:

CUSTOMER AGREEMENT

1. HFXDOG Inc. agrees to exercise due diligence in the care of my dog. In addition HFXDOG Inc. agrees to keep its premises clean and sanitary. My dog will be cared for by HFXDOG staff only, without liability on HFXDOG'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 HFXDOG.
2. I agree to pay the rate in effect on the date my dog is checked into the HFXDOG daycare service 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 HFXDOG.
3. Should my dog become ill or seem to be in need of medical attention, HFXDOG in its sole discretion, reserves the right to administer aid and/or to engage the services of my veterinarian. I shall pay any expenses incurred as a result of this medical attention.
4. My dog is in good general health and valid proof that he/she is current on Rabies, DHPP, Bordetella, and Parvovirus vaccinations will be provided before he/she can stay at HFXDOG.
5. Should my dog exhibit inappropriate aggressive behavior 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.
6. HFXDOG reserves the right to refuse any dog.
7. HFX DOG INC. closing time is at 7:00 pm. I understand that if I don't pick my dog up by 7:00 pm that I will be charged a late fee as follows:
 - Up to 15 minutes: \$25.00 late fee.
 - 15 to 30 minutes: \$50.00 late fee.
 - After 30 minutes: \$100.00 and, if we cannot reach me or my contact, my dog will be safely boarded at an addition expense to me.
8. I have read and understood the terms above.

SIGNATURE OF THE OWNER

PRINTED NAME OF THE OWNER

DOG'S NAME

DATE

SAVE or SCAN
the completed form
email as an
ATTACHMENT to
info@hfxdog.com

QUESTIONS? Call
902-422-6912