



## DOG PROFILE

Please complete the following questions to the best of your knowledge. This form and the subsequent assessment are required before your dog can stay with us. This information will help us maintain a safe and fun environment for all guests. We are concerned not only about your dog's safety and health, but also that of our other guests and our team of caretakers. Please take a few moments to tell us about yourself and your best friend. Thank you.

---

### GUARDIAN INFORMATION

#### Guardian Name(s):

#1 (Primary contact): \_\_\_\_\_ #2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

#### Guardian #1 (Primary contact):

#### Guardian #2:

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about us?

☐ Friend ☐ Web search ☐ Event ☐ Newspaper ☐ Television ☐ Other: \_\_\_\_\_

---

### DOG INFORMATION

Name: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_

Gender: F ☐ M ☐ Coat Colour/Description: \_\_\_\_\_

Age: \_\_\_\_\_ Do you know your dog's birthday? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Check if approx.  
MM DD YY

Is this your first dog? ☐ Yes ☐ No

City dog license no.: \_\_\_\_\_

Where did you get your dog?

☐ Pet store ☐ Breeder ☐ Rescue/shelter ☐ Rehomed ☐ Found

At what age? \_\_\_\_\_

If adopted, do you have any knowledge of your dog's history? ☐ Yes ☐ No

---

## MEDICAL INFORMATION

Name of Clinic/Practice: \_\_\_\_\_ City/Town: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Do you have pet insurance? ☐ Yes ☐ No Name of pet insurance plan: \_\_\_\_\_

Flea prevention program in use: ☐ Advantage ☐ Revolution ☐ Sentinel ☐ Other: \_\_\_\_\_

Titers date, if applicable: \_\_\_\_\_ For which vaccines? \_\_\_\_\_

Date of last vaccinations

Bordatella Vaccination: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Next Vaccination Due: - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year Month Day Year

Rabies Vaccination: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Next Vaccination Due: - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year Month Day Year

DHPP Vaccination: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Next Vaccination Due: - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year Month Day Year

Spayed/Neutered? ☐ Yes ☐ No Weight: \_\_\_\_\_ lbs / kg

Is your dog currently displaying any symptoms such as coughing, sneezing, or upset stomach?  
☐ No ☐ Yes

Has your dog had any of the following in the last 90 days?

☐ Conjunctivitis (eye infection) ☐ Blood in urine or stool ☐ Diarrhea ☐ Ear mites  
☐ Fleas ☐ Kennel cough ☐ Intestinal parasites ☐ Mange ☐ Vomiting

Are there any medical issues we should know about?

☐ Arthritis ☐ Seizures ☐ Allergies ☐ Diabetes ☐ Skin conditions

☐ Orthopedic conditions (e.g. hip dysplasia)

☐ Other conditions (e.g. lumps, thyroid, etc.): \_\_\_\_\_

Has your dog had any surgery in the last 180 days? ☐ No ☐ Yes

If yes, please provide details: \_\_\_\_\_

Has your dog been injured at a dog park, daycare or while playing with other dogs? ☐ Yes ☐ No

Is your dog on any oral or topical medication? No ☐ Yes ☐ for \_\_\_\_\_

Is your dog on any injectable medication? No ☐ Yes ☐ for \_\_\_\_\_

Does your dog have any sensitive areas on his/her body? \_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

What brand of food do you feed him/her? \_\_\_\_\_ ☐ Dry ☐ Wet ☐ Raw

When do you feed your dog? ☐ Free feed ☐ Breakfast ☐ Lunch ☐ Dinner

Eating habits (check all that apply)

- ☐ Eats all food at meal time ☐ Nibbles throughout day ☐ Goes for periods without eating  
☐ Requires more palatable food to be mixed in to eat

Is your dog prone to eating foreign objects? ☐ Yes ☐ No

---

## GROOMING INFORMATION

Does your dog like being brushed? ☐ Yes ☐ Tolerates it ☐ No

Does your dog like being bathed? ☐ Yes ☐ Tolerates it ☐ No

How does your dog react to having his nails trimmed? \_\_\_\_\_

Does your dog visit a groomer regularly? ☐ Yes ☐ No Where? \_\_\_\_\_

---

## PERSONALITY INFORMATION

How would you best describe your dog's personality? (check all that apply)

- ☐ Happy ☐ Shy ☐ Mellow ☐ Cuddly ☐ Outgoing ☐ Excitable ☐ Nervous  
☐ Active ☐ Couch potato ☐ Rambunctious ☐ Content to be around others  
☐ Slow to warm

What situations cause your dog to become stressed? (check all that apply)

- ☐ Grabbing collar ☐ Hugging ☐ Removing from furniture ☐ Meeting other dogs  
☐ Touching while sleeping ☐ Bathing ☐ Being stared at ☐ Meeting strangers

Does your dog display any unfriendly behavior? (check all that apply)

- ☐ Will bite ☐ May bite ☐ Growls ☐ Snaps ☐ Shows teeth ☐ Freezes  
☐ Trembles ☐ Moves away

Would you consider your dog to be an escape artist (jumps fences, etc.)? ☐ Yes ☐ No

How does your dog react when?

Meeting new people? \_\_\_\_\_

Greeting new dogs? \_\_\_\_\_

Hearing loud noises? \_\_\_\_\_

Does your dog's behavior depend on the size, breed or gender of other dogs? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Does your dog get along well with other dogs?

Big dogs ☐ Does well ☐ Does not do well ☐ Does not care

Small dogs ☐ Does well ☐ Does not do well ☐ Does not care

Older dogs ☐ Does well ☐ Does not do well ☐ Does not care

Puppies ☐ Does well ☐ Does not do well ☐ Does not care

Are there certain dogs or things that your dog automatically fears or dislikes? \_\_\_\_\_

Does your dog share his/her toys or food with other dogs? ☐ Always ☐ Sometimes ☐ Never

Does your dog ever have separation anxiety? ☐ Yes ☐ No

Has your dog ever been in a fight? ☐ Yes ☐ No

If yes, how did your dog react? \_\_\_\_\_

Was your dog injured? ☐ Yes ☐ No

Does your dog react to other dogs while on leash? ☐ Yes ☐ No

Has your dog ever bitten another dog or person? ☐ Yes ☐ No

If yes, did bite puncture/tear the skin? ☐ Yes ☐ No

Please describe the circumstances \_\_\_\_\_

Please list any additional behavioral traits that you feel are important for us to know:

---

## LIFESTYLE INFORMATION

How many adults are in the home? \_\_\_\_\_ How many children are in the home? \_\_\_\_\_

How many other animals in your home? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

How would you describe the relationship between your dog and the other animals in your home?

Has your dog ever attended? ☐ Boarding facility ☐ Dog daycare

If yes, where? \_\_\_\_\_

Was it a good experience? ☐ Yes ☐ No Comments: \_\_\_\_\_

How often is your dog exercised/walked? \_\_\_\_\_ time(s) per day for \_\_\_\_\_ minutes each time

Does your dog visit an off leash park? ☐ Always ☐ Sometimes ☐ Never

Does your dog play with other dogs? ☐ Always ☐ Sometimes ☐ Never

What games do you play with your dog? \_\_\_\_\_

What does your dog do when you are not at home?

☐ Loose in home ☐ Stays in one room ☐ In crate ☐ Other: \_\_\_\_\_

Is your dog allowed on the furniture? ☐ Yes ☐ No

Where does your dog typically sleep? ☐ On his/her own bed ☐ In his/her crate

☐ On our/my bed ☐ Other: \_\_\_\_\_

Does your dog chew on his/her bedding? ☐ Yes ☐ No

Does your dog like to swim? ☐ Yes ☐ No

Does your dog have any phobias e.g. thunder, fireworks, etc.? \_\_\_\_\_

---

## TRAINING INFORMATION

Has your dog attended obedience classes? ☐ No ☐ Yes

If yes, what level? ☐ Puppy ☐ Beginner ☐ Advanced

What commands does he/she know and how well?

	<u>Always</u>	<u>Usually</u>	<u>Working on it</u>	Comments
Sit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Come	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Drop it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Special words or phrases used with your dog: \_\_\_\_\_

Is your dog house trained? ☐ Yes ☐ No

Is your dog crate trained? ☐ Yes ☐ No ☐ Can escape crate

---



## AUTHORIZATION FOR RELEASE OF INFORMATION

Park9 requires veterinarian confirmation of my dog's health status.

PLEASE FAX THE INFORMATION FOR THE DOG(S) LISTED BELOW AS SOON AS POSSIBLE TO PARK9.

Attn: \_\_\_\_\_ Fax: \_\_\_\_\_

### GUARDIAN/OWNER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### PET INFORMATION:

NAME

BREED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REQUESTED INFORMATION:

1. Latest vaccinations including date administered
2. Spay/Neuter status
3. \_\_\_\_\_

I hereby request and authorize this veterinarian to release to Park9 the requested information and any other health related information that Park9 may require while my dog is in their care. I release the veterinarian and staff from any legal responsibility or liability for the release of this information.

\_\_\_\_\_  
GUARDIAN/OWNER SIGNATURE

\_\_\_\_\_  
DATE



## CARE AGREEMENT

1. **Services.** We agree to provide the specific services (“Services”) to your Dog/Cat for each visit as requested by you. We will exercise reasonable judgment as we provide the Services.
2. **Fees.** Information on the full list of Services and applicable fees are available upon request. You agree to pay us for the Services we provide to your Dog/Cat during each visit at the rates set forth at the start of such visit (collectively the “Charges”). Fees are subject to change without notice and deposits and seasonal rates may apply. Payment of all fees is due at the time of Check-out.
3. **Cancellations.** If you need to cancel your boarding reservation, please do so at least 48 hours prior to your scheduled Check-in. Cancellations made less than 48 hours prior to scheduled Check-in will be charged a cancellation fee equal to one day’s boarding fee.
4. **Your Agent.** You must provide an adult, over the age of 18, as your Agent. Your Agent must also be someone other than the primary Guardian(s) and should not be someone traveling with you if you are leaving town. If we cannot reach you, you authorize us to contact your Agent. You agree that your Agent shall have your full and complete authority to make any and all decisions, including those related to the health of your Dog/Cat and the expenditure of funds, for or on behalf of you and your Dog/Cat. Your Agent must be able to pick up your Dog/Cat if necessary.
5. **Check-out.** We may require identification before releasing your Dog/Cat as we want to be sure we only release your Dog/Cat to you, your Agent or such other individual(s) (“Alternate”) designated by you in writing as authorized to pick up your Dog/Cat.
6. **Emergencies.** In the event of an emergency as determined in our sole discretion, we will first attempt to contact you and your Agent. If we are unable to contact you and your Agent, you agree and authorize us to provide or arrange for medical services, transport, and/or to make temporary alternative arrangements, as appropriate. You agree that you are responsible for any costs applicable to these arrangements. You agree to notify us of any and all changes of address, emergency telephone numbers, itineraries or other information reasonably necessary to contact you in the event of an emergency.
7. **Dog/Cat Health and Behavior.** You agree not to bring your Dog/Cat to the Park9 facility if your Dog/Cat shows signs suggestive of a medical or communicable condition (e.g. diarrhea, vomiting, coughing, sneezing, skin lesions, lethargy). You specifically represent that your Dog/Cat has not been ill with any communicable condition within a 30 day period prior to the receipt of the Services. You agree to complete Park9’s Authorization for Release of Veterinary Information form. We reserve the right to refuse to accept a dog/cat at Check-in for any reason, including without limit, if it appears to us the dog/cat is sick, injured, in pain, or that its behavior could jeopardize the health or safety of other dogs or cats or our staff.
8. **Contact with Other Dogs/Cats.** While your Dog/Cat is staying with us, he or she will come into contact with other dogs/cats. Every effort will be made to ensure the safety of your Dog/Cat by enforcing restrictions on dogs and cats as set forth in Park9’s procedures.

- All dogs/cats coming into Park9 are required to be vaccinated. However, it is still possible for a dog or cat to become ill, even if vaccinated. You understand this risk and agree that Park9 is not liable for any illness suffered by your Dog/Cat during or after its stay, including but not limited to Tracheobronchitis (Canine Cough).
  - You understand and accept that participation in boarding and daycare, including transportation to and from Park9 premises, is not without some risk, including but not limited to illness and injuries such as bites, cuts, abrasions, sprains, strains, broken nails and parasites. Despite being handled with the greatest amount of care and foresight, animals are unpredictable and the unexpected can happen. You are responsible for personal injury or injury or damage to other animals or property caused by your Dog/Cat while under the care and control of Park9 and its agents and you agree to assume full and sole responsibility for any and all costs thereof and YOU RELEASE PARK9 AND ITS AGENTS FROM ANY LIABILITY FOR SUCH INJURY.
9. **Dog/cats not Picked up on Departure Date.** If you or your Agent or Alternate do not pick up your Dog/Cat at the agreed upon time, you hereby authorize us to continue to provide the Services as set forth in this Agreement at your expense. You shall remain liable to us for all unpaid Charges.
10. **Your Representations to us.** You represent to us that you are the owner (“Guardian”) of the Dog/Cat and that you are fully authorized to enter into this Agreement. All of the information about you and your Dog/Cat in this Agreement is true, accurate and complete.
11. **Release and Indemnification.** FOR SEPARATE CONSIDERATION YOU FURTHER AGREE TO SAVE AND HOLD HARMLESS PARK9, ITS SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS OR SUITS WHICH ARISE IN ANY WAY OUT OF SERVICES PROVIDED BY PARK9 OR AS A CONSEQUENCE OF YOUR ASSOCIATION WITH PARK9, INCLUDING BUT NOT LIMITED TO LOST OR MISPLACED PROPERTY, ANY INJURY, ILLNESS, DAMAGE, LOSS OR FROM ANY PRE-EXISTING HEALTH CONDITION OF YOUR DOG/CAT, EITHER KNOWN OR UNKNOWN TO PARK9.
12. **Photography and Recording.** You agree that your Dog/Cat may be videotaped, photographed or recorded when on Park9 premises. While you understand Park9 will not profit monetarily from the images or likenesses of your Dog/Cat, Park9 shall be the exclusive owner of such taping, photography and recordings for use with or on, but not limited to website webcam streaming and recording, social media and marketing with the rights of unlimited us, copyright and license in any manner.
13. **Miscellaneous Provisions.**
- This written Agreement constitutes our entire and only agreement and there are no oral agreements or understandings except as provided for in this Agreement.
  - This Agreement applies to all visits by your Dog/Cat to Park9.
  - This Agreement shall be made and construed in accordance with the laws of the Province of Ontario.
14. **Definitions.** The terms used throughout this Agreement, whether capitalized or not, and in either the singular or plural form, shall mean as follows: “Park9”, “we” and “us” means Urbandog Holdings Inc. and its subsidiaries. “You” and “your” shall mean the Guardian(s) signing this Agreement. “dog/cat” shall mean the dog(s) and cat(s) staying at Park9 and “your Dog/Cat” shall refer to the dog(s)/cat(s) designated by the Guardian in this Agreement.



**Agents who can act on your behalf for all purposes under this Agreement:**

Agent 1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Agent 2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**You have read this entire Agreement and Policies, you have had the opportunity to discuss them with us to your satisfaction, and you agree to their terms.**

Guardian Signature: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

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

Park9 Representative: \_\_\_\_\_