



**TRAINING, DAYCARE & BOARDING**

# Dog U New Client Form

3190 Cahaba Heights Road  
Birmingham AL. 35243  
205-967-DOGU (3648)

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

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

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

E-Mail Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

Owner Place Of Employment: \_\_\_\_\_

Title: \_\_\_\_\_ Work Number: \_\_\_\_\_

How Did You Hear About Dog U?

Website: \_\_\_\_\_ Our Sign: \_\_\_\_\_ Social Media: \_\_\_\_\_ Referral: \_\_\_\_\_

If Referral, Who May We Thank? \_\_\_\_\_

## Dog Information

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

Breed: \_\_\_\_\_ Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Color: \_\_\_\_\_ Color: \_\_\_\_\_

D.O.B: \_\_\_\_\_ D.O.B: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Weight: \_\_\_\_\_ Weight: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Sex: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered/Spayed: Yes No    Neutered/Spayed: Yes No    Neutered/Spayed: Yes No

Current Veterinarian Office: \_\_\_\_\_

Veterinarian Phone Number: \_\_\_\_\_

Please List Any Health or Behavioral Info Below:

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### Vaccine Requirements:

Rabies: We Accept 1 or 3 year vaccinations

DHPP: We Accept 1 or 3 year vaccinations

Bordetella: We Accept 6 month vaccinations

If your pet is not within our vaccine guidelines, then you give Cahaba Mountain Brook Animal Clinic permission to administer any required vaccinations. I understand and agree that my dog(s) will be interacting with other dogs in a supervised setting. While Dog U evaluates every daycare participant and exercises reasonable care in the delivery of daycare and boarding services, I realize that dogs can be unpredictable. I will not hold Dog U, Cahaba Mountain Brook Animal Clinic, or their employees or agents, responsible for the sickness, loss, or injury of or to my dog(s). Dog U has my permission to have my pet treated by veterinarians and staff at Cahaba Mountain Brook Animal Clinic should that need arise, and I agree to pay for any such care. I realize that I am responsible for any damages that my dog(s) may cause. We also take daily pictures and post to social media regularly. If we post a picture of your dog, we would like your permission first. Rest assured your personal information will not be shared with others. By signing below, you acknowledge all information above is correct and you agree to our policies.

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