



201 Longview Plaza  
St. Simons Island, GA 31522  
912.268.4156  
www.PackCanineStudio.com

<b>Info</b> Last Name: _____  Dog: _____  Contact #: _____  Vet: _____	<b>Shots</b> D/P _____  R _____  B _____  F _____
Office Use	Date: _____

**Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: (        ) \_\_\_\_\_  
Email: \_\_\_\_\_

**Dog Information:**

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_  
Sex: Male / Female    Altered: Y / N  
Weight: \_\_\_\_\_ lbs.

**Emergency Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (        ) \_\_\_\_\_

**Veterinarian:**

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Veterinarian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**General Information and Health:**

Please describe your dogs overall temperament: \_\_\_\_\_

How does your dog react to other dogs? \_\_\_\_\_

What, if any, behavioral issues does your dog have? \_\_\_\_\_

Does your dog have any people/characteristics/other animals he/she automatically fears or dislikes (e.g. sex, hats, race, other dogs, cats, etc.) \_\_\_\_\_

Has your dog ever bitten someone? Y / N

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N

Does your dog jump on people? Y / N

Does your dog like to play with toys? Y / N

Is your dog toy possessive? Y / N

Does your dog have any health concerns that you are aware of? Y / N

Please explain: \_\_\_\_\_

Does your dog have any medical restrictions on his/her activities? Y / N

Please explain: \_\_\_\_\_

Is your dog currently on any medication? Y / N

Please explain: \_\_\_\_\_

Does your dog have any areas on his/her body that he/she does not like to be touched? Y / N

Please describe: \_\_\_\_\_

Does your dog receive flea and tick preventative? Y / N

Is there anything else that you believe we should know about your dog?

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**MEDICAL RELEASE FORM**

This is a required form for all Pack Canine Studio clients.

First and foremost, the safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first priority and as such, we take it very seriously. We do our best to screen for pre-existing health conditions but some factors may be beyond our control. In the event a medical emergency arises while a pet is at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them treatment at the closest available facility. Your pet will be rushed to the closest available facility and you will be notified.

For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency that The Pack Canine Studio, at its sole discretion, may seek the immediate attention of a licensed Veterinarian. I authorize The Pack Canine Studio to seek medical attention at the closest available Veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receive as a result of a medical emergency while attending services provided by The Pack Canine Studio.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name (Please print legibly) \_\_\_\_\_

## PET CARE AGREEMENT

Name \_\_\_\_\_ Dogs Name \_\_\_\_\_

Address \_\_\_\_\_ Dogs Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dog Breed \_\_\_\_\_

Phone \_\_\_\_\_

1. I understand that The Pack Canine Studio has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. I further understand that their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, me or any property of mine while my dog is participating in services provided by The Pack Canine Studio. I hereby release The Pack Canine Studio of any liability of any kind arising from my dogs participating in services provided by The Pack Canine Studio.
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise, will be treated as deemed best by staff of The Pack Canine Studio in their sole discretion, and in what they view as being in the best interest of the animal. I understand that I assume full financial responsibility and all liability to any and all expenses as a result of the behavior and health of my dog.
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by The Pack Canine Studio and while in their care. I understand that while the socialization and play is closely and carefully monitored by The Pack Canine Studio team members to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from play with other dogs. Any injuries to my dog will be discussed by staff upon pick-up.
5. I understand that by allowing my dog to participate in services offered by The Pack Canine Studio, I hereby agree to allow The Pack Canine Studio to take photographs or use images of my pet in print or digital form or otherwise for publication and/or promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by The Pack Canine Studio.
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorize The Pack Canine Studio to take whatever action is deemed necessary for the continuing care of my dog. I will pay The Pack Canine Studio the cost of any such continuing care upon demand by The Pack Canine Studio. I understand that if I do not pick up my animal, The Pack Canine Studio will proceed according to the guidelines provided by the State Abandoned Animal Statute, Abandonment of animals by owner, procedure for handling. I also acknowledge that I will be fully responsible for all Attorneys' fees and associated costs if I abandon my dog.

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_