

# University Pet Resort Canine Enrollment

Owner's Name(s):

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you qualify for: Active Military Discount  Senior Citizen Discount (60 yrs + older)  Cat Spots

How did you hear about University Pet Resort?

Newspaper  Radio  Vet.  TV  Phone Book  Internet  Other: \_\_\_\_\_

Pet's Name:

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Sex? Female  Male  Spayed/Neutered? yes  no

1. **Food** Type: Use UPR's food  I brought my own food

Instructions: \_\_\_\_\_

2. **Medication** Please request a Medication Form

3. **Medical History** Your pet's vet? \_\_\_\_\_ Date of last visit? \_\_\_\_\_

Are you aware of any health problems or physical pain your pet may be experiencing?

yes  no  If yes, please describe

4. **Personality Profile**

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

**Does your pet jump or climb fences? yes no Does your dog dig or chew? yes no**

How old was your pet when he/she was spayed/neutered? \_\_\_\_\_

Under what circumstances has your dog interacted with other dogs?

**Has your dog ever displayed aggression towards a person/other dog? yes no**

If yes, what were the circumstances?

**Are there any kinds of people or dogs your dog automatically fears or dislikes? yes no**

If yes, please describe:

If you have questions or concerns please let us know.

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