



UXBRIDGE CANINE ACADEMY

Client Information Form

OWNER/PET INFORMATION

Owner's Name: _____ Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____

Dog # 1 Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: Y/N

Dog # 2 Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: Y/N

Facility Rental Liability Form

HEALTH AND SAFETY

The owner will be responsible for providing proof of up-to-date vaccine records for all dogs prior to using the facility at Uxbridge Canine Academy. The owner must keep their dog(s) on leash at all times while not in the off-leash area or arena. The owner assumes full responsibility for the dog's behaviour while on premises. .

LOCATION AND COST

The off-leash facility and river are located at 396 Ashworth Rd, Uxbridge. The cost of the facility rental is \$20 per hour for up to 6 dogs from the same household. All facility rentals are UNSUPERVISED. INTERAC e-transfers (uxbridgecanineacademy@gmail.com) and cash are acceptable methods of payment. Cash should be put in an envelope with the clients name on it and placed in the locked mailbox in the coverall.

LIABILITY

I, _____ as the legal owner of the aforementioned dog(s), have carefully read and fully understood this agreement, do hereby waive and release the Company from any and all liability of any nature. This includes any injury, death, sickness or damage my pet or I may suffer during or after the use of the facilities. I also agree to indemnify and hold harmless the Company from any and all claims due to damage that my pet may cause to any family members of any third parties during the use of the facilities. As the legal owner/agent of the dog(s) noted in this agreement, I hereby state the following information as true and complete to the best of my knowledge.

Owner's Signature: _____ Date: _____