

Embark Canine Sign Up Form

Embark Canine LLC

(585) 440-6215 | info@embarkcanine.com



Client Information:

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone: _____

Any other people allowed to pick up or make decisions regarding your pet

Name: _____ Phone: _____

Name: _____ Phone: _____

Pet Information:

Name: _____ Breed: _____ Sex: _____ Fixed (Y/N): _____

Veterinary Office: _____ Phone: _____

Microchip #: _____ Weight: _____ Color: _____ DOB: _____

Do we have permission to contact your veterinary office in cases of emergency?: _____

Feeding & Medication instructions: _____

Does your pet have any food allergies? If so please detail: _____

Food aggression issues? If so, please detail: _____

Reactivity with other animals? If so, please detail: _____

Behavior or temperament concerns? If so, please detail: _____

Anything else you'd like us to know?: _____

Please Attach or Email Copy of Vaccines Listed Below

- Rabies | Expiration Date: ____ - ____ - ____
- DPP | Expiration Date: ____ - ____ - ____
- Distemper | Expiration Date: ____ - ____ - ____
- Bordetella | Expiration Date: ____ - ____ - ____

How can we help you?

What service are you interested in? Check all that apply:

Dog Walking: _____ Overnight in home boarding: _____ Dog Training: _____

Puppy Care: _____ Drop- in Visits: _____

Dates you would need the service?: _____

Special requests, and/or more details?: _____

Please Email this form to info@embarkcanine.com or give to employee directly!

Thank you!

