



CLIENT PROFILE INFORMATION

Owner's Name (If married please list Spouse) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Work Cell: () _____ - _____ Other: () _____ - _____

Email Address: - (Required) _____

EMERGENCY CONTACT(S)

Name: _____ Number: () _____ - _____ Relationship: _____

Name: _____ Number: () _____ - _____ Relationship: _____

Others authorized to pick-up my pet: _____

My Veterinarian: _____ Veterinary Clinic of Record: _____

Clinic Address: _____ Phone Number: () _____ - _____

Notify me if my pet is injured, mark all that apply **(Must initial if choosing to not be notified)**

Minor (*Scratch/Bite*) _____ Major (*Vet Contacted*) _____ Do not notify me until I arrive for pick up _____

PET PROFILE

Pet Guest's Name: _____ Nickname: _____

Primary Breed: _____ Color: _____

Sex: Male _____ Female _____ Spayed _____ Neutered _____ Approximate Weight: _____

Birthdate: _____ / _____ / _____ How long have you had this pet? _____



ACTIVITY & SERVICES INFORMATION

Has this pet ever been boarded before? **Yes** _____ **No** _____ *(If no, please explain why not)*

If yes, please describe your pets experience:

Does your pet eat bedding or furniture? **Yes** _____ **No** _____

Has this pet ever attended a Day Camp before? **Yes** _____ **No** _____

Which camp would you like your dog to attend? **Small Dog Day Camp** _____ **Standard Day Camp** _____
(If a camp above is not checked, your dog will not be able to participate)

MEDICAL INFORMATION

Are there any old or current injuries/health concerns that require special attention? **Yes** _____ **No** _____
If yes, please explain:

Does your dog have hip dysplasia? **Yes** _____ **No** _____

If yes, are there any restrictions on your dog's activities or movements?

Is your pet regular flea/tick preventative? **Yes** _____ **No** _____

Is your pet taking any medications? **Yes** _____ **No** _____

Medical Instructions: If yes, please name the medication(s) , reason(s), frequency and dosage:

Is your pet Allergic to any medications, food, or treats? **Yes** _____ **No** _____

If Yes, please list and describe the reaction: _____



DIET INFORMATION:

Dry Food Brand Name: _____ Canned Food Brand Name: _____

(Initial) if you wish for us to feed your pet with our dry kibble _____

FEEDING INSTRUCTIONS:

Morning Feed (8:00 AM) _____ cup(s) of dry mixed with _____ can(s) of _____

Evening Feed (5:00 PM) _____ cup(s) of dry mixed with _____ can(s) of _____

Additional feeding notes or suggestions:

For multiple dogs sharing the same suite: Separate to feed? Yes _____ No _____

In the event your pet decides to be a finicky eater; it is okay to use some enticement measures at no charge to you? (chicken broth/ wet food/treats, ect.) Yes _____ No _____

Is it okay to give your pet treats? Yes _____ No _____

ADDITIONAL INFORMATION:

AGREEMENT & ACCEPTANCE

Owner agrees that all information above is complete and accurate and that if any information changes, Bark Avenue will be updated in a timely manner and when possible prior to services being required.

Owner Signature

____/____/____
Date