

BARK BUS EXPRESS DAYCARE APPLICATION FORM

How Did You Hear About us? _____

Your Name: _____

Address: _____ City, _____ State, _____ Zip, _____.

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

Work () _____ - _____ Email Address: _____

In Case of Emergency (Contact)

Name: _____

Address: _____ City, _____ State, _____ Zip, _____.

Home Phone () _____ - _____ Work Phone () _____ - _____.

Veterinarian:

Name: _____ Phone () _____ - _____.

Address: _____ City, _____ State, _____ Zip, _____.

PET INFORMATION

Name: _____ Sex: M / F Spayed/Neutered Y / N

Age: _____ Birthday: _____ Breed: _____

Color: _____ Weight: _____ Micro Chip Y / N # _____

Feeding Schedule (if applicable): _____

Brand and Type of Food: _____

Is your dog allowed to have treats? Y / N (if yes, what type) _____

Please describe your dog's overall temperament: _____

How does your dog react to other dogs?(Generally) _____

(Inside your home) _____

Has your dog ever participated in play at a dog park? Y / N

If yes how did he/she react with the other dogs? _____

How does your dog react to strangers? _____

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N

If yes describe: _____

Does your dog have any kinds of dog that he/she automatically fears or dislikes? Y / N

If yes describe: _____

Has your dog ever bitten someone? Y / N

If yes describe: _____

Has your dog ever been in a fight or bitten another dog? Y / N

If yes describe: _____

Is your Dog an escape artist? Y / N If yes describe: _____

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes describe how you would calm them: _____

Has your dog shared toys/food/water with other dogs before? Y / N

Where there any problems? _____

Does your dog prefer a particular sex of dog?

Describe: _____

Does your dog know any commands? Y /N Describe: _____

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

Describe: _____

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

Is your dog currently on any medication? Y / N Describe: _____

Does your dog have any allergies? Y / N Describe: _____

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

Describe: _____

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

Brand: _____ Type: _____ Frequency: _____

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

When would you like to start? _____

BARK BUS EXPRESS DOG DAYCARE, PET CARE AGREEMENT

Your Name: _____

Address: _____ City, _____ State, _____ Zip, _____.

Home Phone () _____ - _____ Work Phone () _____ - _____.

Dogs Name: _____ Age: _____ Breed: _____

1. I further understand that Bark Bus Express 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 and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Bark Bus Express in what they view as the best interest of the animal, (barring any known concerns and previously documented plans with parents). I understand that I assume full financial responsibility and all liability for all expenses involved regarding the behavior and health of my dog.
3. 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 Bark Bus Express and while in their care. I understand that while the socialization and play is closely and carefully monitored by Bark Bus Express staff to prevent injury, it is still possible that during normal play my dog may receive minor nicks and scratches from roughhousing with other dogs and/or from the outdoor environments. Any injuries to my dog will be pointed out by staff upon pick-up. If necessary, first aid will be administered, and/or medical help will be sought.
4. I understand by allowing my dog to participate in services offered by Bark Bus Express. I hereby agree to allow Bark Bus Express to take photographs or use images of my pet in print form or otherwise for publication and promotion of our adventures, i.e. pictures being posted on FB and Instagram.
5. 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 Bark Bus Express.

Signature of Owner _____ Date _____

Printed Name _____

PAWS DOG DAYCARE MEDICAL RELEASE FORM

This is a required form for all Bark Bus Express participants receiving services.

First and foremost the safety and wellbeing of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control. In the event that 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 medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

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 Bark Bus Express at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize Bark Bus Express 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) receives as a result of a medical emergency while attending services provided by Bark Bus Express.

Signature of Owner _____ Date _____

Printed Name _____