



The Doggie Barn - Client Intake Form

Owner's Full Name: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Dog's Name: _____

Breed: _____

Age: _____

Weight: _____

Sex: ☐ Male ☐ Female ☐ Spayed/Neutered

Vaccines Current? ☐ Yes ☐ No (Proof Required)

List most recent dates:

- Rabies: _____

- Distemper/Parvo: _____

- Bordetella: _____

Dog Interaction Preference:

Is your dog allowed to interact with other dogs during supervised play?

☐ Yes ☐ No

All group interactions are supervised to ensure safety and compatibility.

Is your dog allowed to have treats during their stay?

☐ Yes ☐ No

Do you give permission for your dog to be photographed or video recorded for use in social media, marketing, or promotional materials?
☐ Yes ☐ No

Feeding Instructions:

Medications (if any):

Behavior Notes (fears, aggression, etc.):

Veterinarian Name & Clinic: _____

Vet Phone Number: _____

Signature: _____ Date: _____