

Street Address (Include City):

Name:

## PLAY CARE SIGN UP FORM

If you have two dogs, please fill out a form for each dog, thank you.
This is to get to know your dog, there are no right/wrong answers!

			Email:			
Cell:	Home:		Additional	Contact Name:		
			Additional	Contact Phone:		
Veterinarian's Name / Clinic:			Vet / Clinic	phone:		
Vet / Clinic address:		•				
How did you hear about our serv	rice?					
	PET INFO	ORMATION	1			
Pet's name:	Pet's name: Date of Birth:					
Weight in lbs:	Sex: □M □F	Altered:	Y ON	Age altered:		
Breed:	Color:			Age obtained:		
Describe previous home/homes	(if known):					
Briefly describe how your dog fe	els about other dogs:					
Briefly describe your dog's perso	onality (quiet, confident, c	excitable, u	nruly, bold,	stubborn, etc.):		

**GENERAL INFORMATION** 

Date:

Postal (zip) code:

PET INFORMATION CONT.
Has your dog ever bared teeth towards or growled at a human?   N
If yes, describe the scenario:
Has your dog ever had an aggressive encounter based out of fear, frustration, or being attacked? ON ON
If yes, please describe the encounter and the appearance of dog that your dog might have a fearful response to:
How often do you and your dogs go on trail walks or hikes? On or off leash:

DAILY	ACTIVITIES
Type of exercise/play during the week:	
How often / how long / where at:	
How does your dog behave in the car?:	
Does your dog regularly attend the dog park, dog daycares	s, or board at a kennel? OYON
If yes, list which one(s):	
Does your dog have any known guarding behaviors around	I high value items, such as but not limited to:
□ Humans □ Bones □ Food □ Sticks □ Treats □ Toys	□ Other:
Is your dog crate trained? O Y N	Do you still use a crate? • Y • N
If yes, describe crate(s) and location:	
Describe the dog's response to being crated:	
Briefly describe the usual daily schedule for your dog:	

co	DMMANDS
What phrases do you use for the next few scenario	os? Leave blank if identical.
Kennel:	Drop it:
Sit:	Recall:
Lay down:	Off / No Jumping:
Stay:	Leave it:

MEDICAL SC	REEN
Does your dog have any food allergies?	
Have you noticed any deficits in your pet's senses? OY N	If yes, describe:
Has your veterinarian recommended low activity for your dog?	□ Y □ N
Is your pet on flea prevention? • Y • N	If yes, describe:
Which vaccines are your dogs up to date on?   Bordetella	<ul><li>Distemper/Parvo</li><li>Rabies</li></ul>
Has your dog had a negative fecal test in the last 12mo? • Y	• N
Does your pet have normal eating and bowel movements? • Y	∘ <b>N</b>
Stools: O Normal O Constipation O Less frequent O More	frequent • Soft/diarrhea
Urine: O Normal O Infrequent O Having Accidents O Exc	essive Marking
Does your pet have any other medical problems? O Y O N	
If yes, describe:	
Is your pet presently on any medication? O Y O N	If yes, describe:
Has your pet had any laboratory tests recently? (Blood, urine, X-	·rays, etc.) · Y · N
If yes, indicate any abnormal findings:	

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Bark Trek offers off-leash pack hiking as well as professional training sessions for groups and individuals. The company is based out of Arlington, WA and is currently providing door-to-door services to select areas of Snohomish County. Virtual office based out of Spokane, WA.

To see more information, visit <a href="https://bark-trek.com">https://bark-trek.com</a>, email <a href="mailto:barktrek@gmail.com">barktrek@gmail.com</a> or call / text us at (425) 399 - 2307.