



CLIENT INFORMATION

Pet Owner: _____

Address: _____

Phone 1 #: _____ Phone 2 #: _____

Email Address: _____

PET(S) INFORMATION

Name: _____

Breed: _____ Color: _____ Weight: _____ Date of Birth: _____

Sex: Male or Female Neutered/Spayed: YES NO

Current on Flea/Tick Medication: Yes or No Which one? _____

Current on Heartworm Medication: Yes or No Which one? _____

Any known allergies or food restrictions: _____

Any other special needs or health conditions: _____

Has your dog been in a social environment before? _____

If so, how was the experience? _____

Is there anything else you would like us to know about your dog? -

Name: _____

Breed: _____ Color: _____ Weight: _____ Date of Birth: _____

Sex: Male or Female Neutered/Spayed: YES NO

Current on Flea/Tick Medication: Yes or No Which one? _____

Current on Heartworm Medication: Yes or No Which one? _____

Any known allergies or food restrictions: _____

Any other special needs or health conditions: _____

Has your dog been in a social environment before? _____

If so, how was the experience? _____

Is there anything else you would like us to know about your dog? -

Barkfield takes the health of your pet very seriously. If a non-life-threatening illness/injury occur while your pet is in our care, we will make every effort to contact you. If we are unable to contact you, we will call the emergency contact that is listed on the Terms of Agreement. If requested, one of our veterinarians is available Monday-Friday 8am-5pm should there be an illness/injury that you would like to have checked while your pet is staying with us at Barkfield. There is no onsite on-call veterinarian outside of the clinic hours, Monday-Friday 8am-5pm.

Signature of Pet Owner: _____

Date: _____