

**DOG BASIC INFORMATION**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**IN CASE OF EMERGENCY (CONTACT):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL 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: \_\_\_\_\_ MICROCHIP#: \_\_\_\_\_

FEEDING  
SCHEDULE: \_\_\_\_\_  
\_\_\_\_\_

BRAND AND TYPE OF FOOD: \_\_\_\_\_

IS YOUR DOG ALLOWED TO HAVE TREATS? Y / N

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

MEDS: \_\_\_\_\_

DOES YOUR DOG RECEIVE FLEA AND TICK PREVENTATIVE? Y / N

BRAND: \_\_\_\_\_ TYPE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

IS THERE ANYTHING ELSE YOU BELIEVE WE SHOULD KNOW ABOUT YOUR DOG? \_\_\_\_\_

**AGGRESION AGREEMENT**

Here at Barktown we want your dog to have the best experience possible and be able to socialize in a positive way. Our staff will always have open communication about your dog's behavior (good/bad), so that we can always do what best suits your dog as an individual.

Though, dogs will be dogs, we will not accept any aggressive behavior towards our staff or other dogs participating in the group play. If we feel your dog is too dangerous in this atmosphere, we will ask that the dog not participate in our daycare activities.

\_\_\_\_ Yes, I agree and understand the above information

Sign: \_\_\_\_\_ Date: \_\_\_\_\_