# SCHOOL &F BARK

## DOGGY DAYCARE & GROOMING

#### School Of Bark Enrollment Form

#### Client Info

Name:		
Home Address:		
Home #:	Cell #:	Work #:
Email Address(es):		
Alternate Contac	<b>:</b> [:	
Name:		
Home #:	Cell #:	Work #:
Pet Information:		
Name:		Name:
Spayed Neutered: Yes/N	0	Spayed Neutered: Y/N
Age:We	eight:	Age:Weight:
Breed:		Breed:
Color:		Color:
Vet Info		
Clinic:		Phone Number:

/et's Name:		

### Medical & Vaccinations:

Vaccinations (Proof Required—Please put an X by each vaccination your dog is up-to-date on)				
Distemper:	Parvoviris	Rabies	Bordate	lla
	e any health concerns we			
	re any medical restrictions	=		
Feeding and	Treats			
Is your dog allowe	d to have treats: Yes	No <b>Any Treats to</b>	Avoid:	
Brand of food you	feed your dog:			
Does your dog tak	e lunch? Yes/No	Quantity:		
Behavior				
Does your dog hav	e any known behavioral <sub>l</sub>	problems? (biting, jur	nping, barking)	Yes/No
If yes, describe:				
Does your dog suff	fer from any degree of se	paration anxiety? No	neMild	_Extreme
Is your dog houseb	oroken: Yes/No			

Best word to describe your dog's overall temperament:
Does your dog have any areas on his/her body that he/she does not like to be touched: Yes/No
If yes, where?:
How does your dog usually react to other dogs they meet? (example: excited, calm, fearful, etc.):
Has your dog ever attended Doggie Daycare? Yes/No Where:
If yes, how did they get along with other dogs?:
Has your dog ever been aggressive towards another dog?  Yes/ No
How does your dog react to strangers?:
Has your dog ever bitten a person, another dog, or been in a fight?  Yes/No
If yes, describe the instance(s) and circumstance(s):

nere anything specific you te	eel we need to know about your dog?
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***Please note that Sch	hool of Bark reserves the right to refuse enrollments to any dog
	at any time for any reason***
I certify that to the best of	my knowledge, that the information I have provided above is true
nature:	Date:
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nt Name:	