# SCHOOL ®®F BARK <br> DOGGY DAYCARE: GR-OOMING 

School Of Bark Enrollment Form

## Client Info

Name: $\qquad$

Home Address: $\qquad$

Home \#: $\qquad$ Cell \#: $\qquad$ Work \#: $\qquad$

Email Address(es): $\qquad$

## Alternate Contact

Name: $\qquad$

Home \#: $\qquad$ Cell \#: $\qquad$ Work \#: $\qquad$

## Pet Information

Name: $\qquad$ Name: $\qquad$
Spayed Neutered: Yes/No
Age: $\qquad$ Weight: $\qquad$ Age: $\qquad$ Weight: $\qquad$
Breed: $\qquad$ Breed: $\qquad$
Color: $\qquad$ Color: $\qquad$

## Vet Info

Clinic: $\qquad$ Phone Number: $\qquad$

Vet's Name:

## Medical \& Vaccinations

Vaccinations (Proof Required—Please put an $X$ by each vaccination your dog is up-to-date on)

Distemper: $\qquad$ Parvoviris $\qquad$ Rabies $\qquad$ Bordatella $\qquad$

Does your dog have any health concerns we need to be aware of (example: allergies, old injuries, etc)?
$\qquad$
$\qquad$
$\qquad$

Does your dog have any medical restrictions on his/her activities: Yes/No
$\qquad$
$\qquad$
$\qquad$
eeding and Treats

Is your dog allowed to have treats: Yes/No Any Treats to Avoid: $\qquad$

Brand of food you feed your dog: $\qquad$

Does your dog take lunch? Yes/No Quantity: $\qquad$

## Betavior

Does your dog have any known behavioral problems? (biting, jumping, barking) Yes/No

If yes, describe: $\qquad$
$\qquad$
$\qquad$
$\qquad$

Does your dog suffer from any degree of separation anxiety? None $\qquad$ Mild $\qquad$ Extreme $\qquad$

Is your dog housebroken: Yes/No

Best word to describe your dog's overall temperament: $\qquad$

Does your dog have any areas on his/her body that he/she does not like to be touched: Yes/No

If yes, where?: $\qquad$
$\qquad$

How does your dog usually react to other dogs they meet? (example: excited, calm, fearful, etc.):
$\qquad$
$\qquad$

Has your dog ever attended Doggie Daycare? Yes/No Where: $\qquad$

If yes, how did they get along with other dogs?: $\qquad$
$\qquad$
$\qquad$

Has your dog ever been aggressive towards another dog?
Yes/ No

How does your dog react to strangers?:
$\qquad$
$\qquad$

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): $\qquad$
$\qquad$
$\qquad$
$\qquad$

Is there anything specific you feel we need to know about your dog? $\qquad$
$\qquad$
$\qquad$
***Please note that School 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.

Signature: $\qquad$ Date: $\qquad$

Print Name: $\qquad$

