

# Barking Lot, Inc

## Bed and Bone Reservation Information

Client Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ DL# \_\_\_\_\_

Pet Name	Breed/Color	Markings
_____	_____	_____ Age ____ M/F N/S
_____	_____	_____ Age ____ M/F N/S
_____	_____	_____ Age ____ M/F N/S
_____	_____	_____ Age ____ M/F N/S

Veterinarian Clinic \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

In addition to owner, who may we release your pet to?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Does your pet have and health concerns?

Explain \_\_\_\_\_

\_\_\_\_\_

We strive to provide only the best service in a safe and healthy environment. With this in mind, we require all vaccinations of all pets to be current at the time of any boarding, grooming or daycare service that we provide. In addition, we require a 10 day waiting period before entrance into our facility if you pet has visited a dog park, been exposed to infectious disease, boarded at a veterinary clinic or has been treated for an infectious disease. Please provide our staff with a copy of your pet's current vaccination record and/or the name and telephone number of the veterinarian who administered the vaccines. Failure to do so may result in your reservation or appointment being rescheduled until vaccines have been verified. We apologize for any inconvenience, but feel that it is the best interest of our canine friends and staff. Thank you for your understanding and cooperation.

Flea/Tick Prevention: Y \_\_\_ N \_\_\_ Type \_\_\_\_\_ Last Given \_\_\_\_\_

Note: Barking Lot Inc. requires the use of flea/tick prevention. If a pet arrives with parasites, we require a flea/tick bath at owner's expense and owner will be asked to provide us with a topical treatment such as Frontline Plus or K9 Advantix in which to give the pet 2-3 days after the fleas/tick bath. If pet has never used a topical flea/tick preventative we will request owner to contact his/her veterinarian for approval.

Heartworm Prevention: Y \_\_\_ N \_\_\_ Type \_\_\_\_\_ Last Given \_\_\_\_\_

### General Questions About Your Pet

Crate Trained \_\_\_Y\_\_\_N\_\_\_ Obedience Trained \_\_\_Y\_\_\_N\_\_\_ Afraid of Thunder \_\_\_Y\_\_\_N\_\_\_

Snips at Humans \_\_\_Y\_\_\_N\_\_\_ Walks on a Leash \_\_\_Y\_\_\_N\_\_\_ Dog Aggressive \_\_\_Y\_\_\_N\_\_\_

Likes to Chew \_\_\_Y\_\_\_N\_\_\_ Likes to Dig \_\_\_Y\_\_\_N\_\_\_ Climbs \_\_\_Y\_\_\_N\_\_\_ Allergies \_\_\_Y\_\_\_N\_\_\_

Any Phobias \_\_\_Y\_\_\_N\_\_\_ Marks \_\_\_Y\_\_\_N\_\_\_

Explain any YES answers in detail and provide any additional information you would like for us to know about your pet including favorite toys, treats, food etc.

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