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**Application**

Owner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Owner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who else do you authorize to drop off or pick up your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_

Male or Female Spayed / Neutered / NOT spayed or neutered

*All pets participating in group play must be altered by 6 months of age*

Flea prevention used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last date given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Note: if our staff finds any evidence of fleas or ticks, your pet will be treated at your expense*

Veterinarian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Proof of vaccinations are required from Veterinarian and must be up to date*

Rabies expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DA2PL expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bordetella expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* Nasal or oral Bordetella is required every 6 months and must be given at least 2 days prior to check in (7 days prior if injectable)*

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**Medical History**

Is your pet currently taking any medications? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

*Note: if you answered yes, please complete a medication administration form*

Has your pet been ill in the last 30 days? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Is your pet displaying any symptoms such as coughing, sneezing, or upset stomach?

Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any allergies to anything?

Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any previous or current injuries, physical disabilities, or health concerns we need to be aware of? Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet have any physical restrictions while playing or any sensitive areas on the body?

Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any restrictions that we need to place on your pet? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Ex.: no jumping, no running, no rough play, no contact with other dogs

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical Care Release**

This form is required for all of our daycare and overnight boarding guests. The welfare and safety of your dog is of utmost importance. If a medical emergency should arise while your dog is attending daycare or being boarded at our facility, it is critical that we are able to provide medical treatment quickly.

**\_\_\_\_\_\_\_** I understand that medical concerns may arise while my pet is in the care of Barking Lots. I would like Barking Lots to seek veterinary care for my pet if there are ANY medical concerns. I understand I will incur additional charges and I agree to be responsible for any and all charges as deemed necessary by the Barking Lots staff and the veterinarian providing the services.

 **\_\_\_\_\_\_\_** No limit on amount of medical care provided to my pet

 **\_\_\_\_\_\_\_** I request a limit of $\_\_\_\_\_\_\_ to be spent on medical care for my pet

**\_\_\_\_\_\_\_** I would like Barking Lots to attempt to contact me prior to seeking medical care.

 I can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If I can’t be reached, I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to make decisions regarding my dog. He/she can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\_\_\_\_\_\_\_** If I and/or my emergency contact can’t be reached, I would like Barking Lots to seek medical treatment they feel is necessary.

**\_\_\_\_\_\_\_** I do NOT want Barking Lots to seek veterinary care for my dog under any circumstance, even if it is believed to be life threatening.

*My signature below authorizes Barking Lots staff to seek medical care as selected above. I agree to pay the veterinary hospital the charges incurred (based on my selection). I further understand that my pet will be transported in a staff vehicle to the nearest available veterinarian hospital*

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| --- | --- |
| Owner:  | Date:  |