



**Dog Name(s):**

\_\_\_\_\_ Dog 1

\_\_\_\_\_ Dog 2

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Mobile Phone: ( ) - \_\_\_\_\_

Credit Card Billing Zip: \_\_\_\_\_

If different than home zip code

Home Phone: ( ) - \_\_\_\_\_

Work Phone: ( ) - \_\_\_\_\_

Different than Vet or You

Alternate Contact for Emergencies: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

Your E-mail: \_\_\_\_\_

@ \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**American Bark Park** its owners, employees, representatives, or any other persons affiliated with the company shall hereinafter be referred to as "**American Bark Park**".

Although American Bark Park supervises the dogs in its facilities carefully and **does not** admit aggressive dogs into playgroups, playgroups and outside dog play can be hazardous due to forces beyond its control. Even though American Bark Park works hard to insure your dog's safety and well being, the dogs can get rambunctious or play roughly resulting in injuries. By signing this form, you agree that American Bark Park cannot be held liable for any injuries or illnesses that may occur to your dog while in its care. You also understand that you are leaving your dog's belongings here at your own risk. Dogs can be destructive and American Bark Park cannot be held liable for any loss/damage to your dog's belongings (including collars, harnesses, leashes, bedding, etc). Lastly, even though American Bark Park will follow your dog's meal and medication instructions and make extra efforts to get your dog to eat his/her meals, some dogs tend to lose weight while boarding. American Bark Park cannot be held responsible for any weight loss to your dog while in its care. As owner of the above said dog(s), you hereby give consent for any emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of your dog. You agree to pay all charges relating to your dog's care regardless of who releases them to American Bark Park on your behalf. American Bark Park does not reimburse for veterinarian charges.

By signing this form, you or your representative(s) \_\_\_\_\_ (*print your name*) shall agree not to hold **American Bark Park** liable for any injuries to your dog \_\_\_\_\_ (*print dog's name*) while in the care of **American Bark Park**.

By signing this form, you acknowledge that you accept liability for your dog's behavior and any injuries resulting from their actions. You also agree to accept charges for all care your dog receives, regardless of who brings your dog to American Bark Park. All Pre-paid Package sales are final and not refundable but are transferrable and expire one year from date of purchase. Your signature acknowledges that you understand and accept the terms and conditions set forth by this agreement.

**Customer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**American Bark Park Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Additional Information on Your Dog

(Please Complete a Separate Sheet for Each Dog)

**Dog Name:** \_\_\_\_\_  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Sex: Male  Female  Spayed/Neutered: Yes:  No:

Vet Clinic: _____	Vet Phone: _____	Vet City, State _____
↑Last Known↓	↓If Birth Date is Unknown↓	

Dog's Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approx. Age: \_\_\_\_ years \_\_\_\_ months Approx. Weight \_\_\_\_\_

<b>To be completed by a American Bark Park Manager only:</b>			
	Date Given:	Date Due:	Manager Signature:
<b>Bordetella</b>			
<b>Canine Influenza</b>			
<b>DHPP</b>			
<b>Rabies</b>			
<b>Estimated Rate for Bathing this Dog:</b>		<b>\$</b>	

### Dog Behavior History:

- Has your dog been to a daycare or boarding facility before? Yes  No
- Has your dog been socialized with other dogs? Yes  No
- Has your dog been socialized with other people? Yes  No
- Is your dog aggressive with strangers? Yes  No
- Is your dog leash aggressive on walks towards people? Yes  No
- Is your dog leash aggressive on walks towards other animals? Yes  No
- Does your dog have any allergies? Yes  No 
  - If yes please list them. \_\_\_\_\_
- Has your dog been in training classes - public and/or private? Yes  No 
  - If yes, by who, when, and for how long? \_\_\_\_\_
- Has your dog ever been attacked: Yes  No  If so, when: \_\_\_\_\_ What breed: \_\_\_\_\_

### Known Problems Please list any that apply to your pet:

Dog aggressive* _____	People aggressive* _____	Runs away _____
Unruly _____	Escapes _____	High jumper _____
People possessive _____	Separation anxiety _____	Food Aggressive* _____
Stool eater _____	Picky eater _____	Toy Possessive _____
Other _____		

\*We are not the right environment for aggressive dogs, please describe to our manager a detailed description of the type of aggression your dog has exhibited prior to the starting the temperament evaluation.

Pre-Existing Medical Conditions that may impact your dog's care: \_\_\_\_\_

Special Medications for unique conditions: \_\_\_\_\_

Is there anything else we need to know about your dog? \_\_\_\_\_

I assert that the above stated info is true and correct. I also understand that an evaluation involves introducing my dog to other dogs which is inherently risky. I believe my dog is not aggressive toward other dogs and agree to be responsible for the conduct of my dog and any injuries my dog may inflict on others.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**American Bark Park Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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(Please Complete a Separate Sheet for Each Dog)

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 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Sex: Male  Female  Spayed/Neutered: Yes:  No:

Vet Clinic: _____ <small>†Last Known†</small>	Vet Phone: _____	Vet City, State _____
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<b>DHLPP</b>			
<b>Rabies</b>			
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**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**American Bark Park Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_