# Bark Park - Client Record Form

## Phone (619) 461-5577 Fax (619) 462-4096

Owner's Name: _____

(Last) (First)/ (Spouse)

Address: _____

(Street) (City) (State) (zip)

Phone: _____

(Home) (Cell) (Work)

E-mail Address: _____

How did you hear about us? : _____

Please present drivers license or picture ID at time of check in

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Please list individuals other than yourself/spouse whom we may contact in case of emergency if we are unable to contact you directly. Please do not list your veterinarian unless you have made specific arrangements to have him/her act on you behalf. If there is a phone number(s) where we can reach you directly while you are away, e.g., hotel, relative, friend, etc., please tell the staff at check-in,

1. (name) (phone)

2. (name) (phone)

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I certify that I am the owner of this pet. I hereby grant permission to this boarding establishment to act in my behalf and in my pet's best interest by obtaining veterinary care at my expense, if necessary, for the treatment of my pet's illness or injury. I further agree to pay for all such veterinary and other necessary services.

Signature: _____ Date: _____

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Pet's Name: Pet's Date of Birth:

(circle one) dog cat other (specify)

Breed: Color:

(circle one) male female Spayed/Neutered: yes no

Does your dog get along with other dogs? Yes No Is your dog more timid or active?

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My pet's primary veterinarian/clinic is:

My pet's vaccinations were given by (if different than above):

Medical conditions or Behavior problems (describe on back if needed):