

The Barkshire Membership Application

Owner Information

Date _____ How Did You Find Us? _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Other People Your Dog Trusts / Emergency Contacts

Please list any person(s) authorized to drop your pet off at or pick your pet up from The Barkshire. We will also contact these people in the case that you cannot be reached in an emergency (please use the first line as your primary emergency contact).

	Name	Relationship	Phone/Email
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Veterinary Information

Name of Vet and/or Animal Hospital _____

Phone # _____ Fax # _____

Address _____

City _____ State _____ Zip _____

Emergency/After-Hour Vet Number _____

Dog's Name _____ Male Female

Breed _____ Date of Birth ____/____/____ Weight _____

Spayed/Neutered? Yes No Medical/Allergy Issues _____

Behavioral Advisories – Check all that apply

- | | | |
|--|--|--|
| <input type="radio"/> Not House-Trained | <input type="radio"/> Separation Anxiety | <input type="radio"/> Toy Possessive |
| <input type="radio"/> Biter | <input type="radio"/> Dog Aggressive | <input type="radio"/> Coprophagia (poop eater) |
| <input type="radio"/> Excessive Barking | <input type="radio"/> Food Aggressive | <input type="radio"/> Jumper |
| <input type="radio"/> Excessive Marking | <input type="radio"/> People Aggressive | <input type="radio"/> Digger |
| <input type="radio"/> Excessive Mounting | <input type="radio"/> Crate Trained | |

Vaccination Information

Please have your veterinarian fax us a copy of your dog's vaccination records for verification

Distemper Yes No Exp. Date _____ Rabies Yes No Exp. Date _____
Bordetella Yes No Exp. Date _____ Parvovirus Yes No Exp. Date _____
Bivalent CIV H3N8/ H3N2 Yes No Exp. Date _____

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The Barkshire Rules

Check-In & Check-Out Times

Monday through Friday:	7 am - 7 pm
Saturday & Sunday:	8 am - 5 pm
Holidays (pick up and drop off only) no daycare	10 am – 2 pm

Food

THE BARKSHIRE requires that you bring in your dog's regular food, to avoid changes in the dog's diet. Individual meals must be packaged in zip-lock bags, and must include enough meals for the entire length of stay. No rawhides please.

Medication

Any medication your dog requires must be labeled, with dosage instructions included.

Emergency

If your dog becomes ill during their stay, we will contact you and your veterinarian immediately. In case of emergency, we will transport your dog to the nearest veterinary clinic.

Health

A visit to THE BARKSHIRE requires a veterinarian certificate showing proof of vaccinations for DHPP (distemper, hepatitis, parvovirus and parainfluenza), Rabies, Bordetella, Bivalent Canine Influenza and a Fecal exam. Titer protection may be substituted for the distemper and parvovirus vaccinations.

Dogs must be spayed or neutered after 6 months of age. Please ask for our Neuter/ Spay policy. We welcome puppies as long as they have their full round of shots.

Temperament

Every dog is required to pass a brief temperament test before his/her first stay.

The Barkshire Liability Waiver and Service Agreement

EVALUATION OF DOG PRIOR TO PARTICIPATION

Every dog must be spayed/neutered and evaluated prior to attending THE BARKSHIRE. Such evaluation may assess the dog's temperament and interactions with other dogs and THE BARKSHIRE staff.

I understand certain activities that my dog may participate in – including daycare, boarding, one-on-one play, movement within and outside the facility, and transportation to and from THE BARKSHIRE – may involve risk and possible injury, including but not limited to: exposure to parasites, viruses, and other medical conditions passed from dog-to-dog or person-to-dog; sprains, strains, bites or broken bones; motor vehicle accident during transportation; and fatigue, dehydration, nicks, cuts, or death.

I further understand that not each and every potential risk can be listed above but, nonetheless agree, that the benefits associated with dog socialization outweigh the possible risks, therefore, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify THE BARKSHIRE and its agents, successors, heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my dog's stay at THE BARKSHIRE, including those allegedly attributable to the negligent acts or omissions of THE BARKSHIRE or their staff.

Further, I understand that I may be exposed to certain risks when bringing my dog to participate in activities. Such risks may include property damage and/or physical injury inside or outside the facility, such as from falling, slipping, illness, and/or dog bites. Therefore, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify THE BARKSHIRE, its agents, successors, heirs from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my dog's stay at THE BARKSHIRE including those allegedly attributable to the negligent acts or omissions of the BARKSHIRE or their staff. **INITIALS** _____

VETERINARY RECORDS

My dog's complete veterinary records must be furnished to THE BARKSHIRE. These records must include proof of vaccinations and/or treatment for: Rabies, Parvovirus, Distemper, Bordetella, Bivalent Canine Influenza Virus, Fecal test, Heartworm, Fleas, and ticks. Records may be sent to 1501 Temple City Drive, Troy, MI 48084 or faxed to (248) 792 9445. I further attest that my dog is free of parasites and other illnesses that can be transmitted from dog-to-dog. Due to the high risk of dog-to-dog transmission of such parasites and/or viruses, I agree that I will immediately notify THE BARKSHIRE if I learn or suspect my dog has parasites or viruses and agree to not bring my dog to THE BARKSHIRE for any activities. **INITIALS** _____

AUTHORIZATION OF MEDICAL CARE

If my dog is ill or injured while participating in activities at THE BARKSHIRE, THE BARKSHIRE will make every reasonable effort to reach me pursuant to the contact information I have provided. However, if THE BARKSHIRE is unable to reach me, I consent to THE BARKSHIRE seeking appropriate veterinary care; I accept responsibility for any and all associated expenses. THE BARKSHIRE will not pay any portion of veterinary expenses associated with seeking medical care for my dog if so necessary. **INITIALS** _____

ALLERGIES, SPECIAL DIETS, MEDICATIONS

Medication must be labeled, with dosage instructions included. I agree that I will disclose to THE BARKSHIRE any allergies my dog may have and any special dietary needs or medications my dog may require during the stay. **INITIALS** _____

PHOTOGRAPHS, VIDEOS AND STATEMENTS

I grant permission to use pictures taken of my dog for visual image(s) and statement(s) in newsletters, posters, and other business-related materials which may include advertising, website images and other uses. **INITIALS** _____

VICIOUS TENDENCIES

I affirm that I am not aware of any vicious tendencies by my dog(s). **INITIALS** _____

Print Name _____

Signature _____

Date _____