



New Client Application Form

Services Needed

Daycare Boarding

Owner First Name: _____ Last Name: _____

Date: _____ How Did You Find Us?: _____

If referral who referred you? _____

Owner Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

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 case you cannot be reached in an emergency (please use the first line as your primary emergency contact).

Name/Relationship/Phone/Email

1. _____

2. _____

Veterinary Information Name of Vet and/or Animal Hospital

Veterinarian Phone # _____

Veterinarian Address _____

Veterinarian City _____ State _____ Zip _____

Emergency/After-Hour Vet Number _____

Dog's Name _____

Male Female

Breed _____

Date of Birth ____/____/____

Weight _____

Is Your Dog Spayed/Neutered? (Dogs must be spayed or neutered after six months of age)

Yes No

Medical/Allergy Issues _____

Behavioral Advisories – Check all that apply

Not House-Trained Biter Excessive Barking Excessive Marking Excessive Mounting Separation Anxiety Dog Aggressive Food Aggressive People Aggressive Crate Trained

Toy Possessive Coprophagia (poop eater) Jumper Digger

Vaccination Information:

Please email a copy of your proof of vaccinations for DHPP, Rabies, Bordetella and a negative fecal exam to info@thebarkshire.com. You may drop off a copy to us as well.

How long have you had your dog?: _____

Has your dog ever attended daycare or been boarded before? If so where and how long?

Any additional information we should be aware of? _____

Any Additional Dogs? _____

Second Dog's Name (If applies, if not skip)

 Male Female

Breed _____

Date of Birth ____/____/____

Weight _____

Is Your Dog Spayed/Neutered? (Dogs must be spayed or neutered after six months of age)

Yes No

Medical/Allergy Issues _____

Behavioral Advisories – Check all that apply

- Not House-Trained
 - Biter
 - Excessive Barking
 - Excessive Marking
 - Excessive Mounting
 - Separation Anxiety
 - Dog Aggressive
 - Food Aggressive
 - People Aggressive
 - Crate Trained
 - Toy Possessive
 - Coprophagia (poop eater)
 - Jumper
 - Digger
- Vaccination Information

Please email a copy of your proof of vaccinations for DHPP, Rabies, Bordetella and a negative fecal exam to info@thebarkshire.com or drop off a copy.

How long have you had your dog?: _____

Has your dog ever attended daycare or been boarded before? If so where and how long?

Any additional information we should be aware of? _____

Liability Waiver/Veterinary Records

Please initial Below:

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 (initial below)

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 (initial below)

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 (initial below)

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 (initial below)

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 (initial below)

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

Initials: _____

Damage (initial Below)

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

Initials: _____

Attestation (initial below)

By entering my full name and initials I am digitally signing this form and certify it's truth and completeness at the time of the application

Initials: _____

By entering my full name and initials I am signing this form and certify it's truth and completeness at the time of the application

Signature: _____

Print Name: _____

Date: _____

The Barkshire Policies

Pick up/Drop off Times

Monday through Friday: 7 am - 7 pm

Saturday + Sunday: 8 am - 5 pm

Holidays: 10 am - 2 pm

(pick up + drop off only, no daycare)

FOOD: The Barkshire requires that you bring your dog's regular food to avoid changes in the dog's diet which can cause gastrointestinal upset. Please include enough meals for the entire length of the stay. You can also bring their favorite treats. Do not bring rawhides as these can be a choking hazard.

MEDICATION: Please bring all regularly administered medications with labels and dosage instructions included. We charge \$1.00 per medication dosage.

EMERGENCY: If your dog becomes ill or injured during their stay, we will contact you and your veterinarian immediately. In the case of an emergency, we will transport your dog to the nearest available veterinary clinic for diagnosis and treatment. The clinic will require your authorization for treatment so please make sure that we have a phone number to reach you while you are away.

HEALTH: A visit to The Barkshire requires a veterinarian certificate showing proof of vaccinations for DHPP (distemper, hepatitis, parvovirus, and parainfluenza), Rabies, Bordetella and a negative fecal exam. Titer protection may be substituted for the distemper and parvovirus vaccinations. Dogs must be spayed or neutered after six months of age. We do welcome puppies as long as they have the first two rounds of puppy shots (Distemper, Parvo and Bordetella) as well as a negative fecal.

TEMPERMENT: Every dog is required to pass a temperament test for their comfort and safety as well as the safety of our staff and other dogs. Every dog is unique so not all dogs will be a good fit at The Barkshire or possibly even in a group setting at any facility. If not, we will do our best to make a recommendation for what may be a good fit for you and your dog.