

Bone+Bark Inn

Registration Form: Daycare & Boarding

Tell us about yourself.....

Name: _____

Additional Parent: _____

City: _____

Address: _____

State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email: _____

Emergency Contact(s): _____

Phone 1: _____ Phone 2: _____

Who else is authorized to pick up your
dog(s)? _____

How did you hear about us? _____

Referred by: _____

Tell us about your dog(s):

Dog 1:

Name: _____ Breed: _____

Birth date: _____ Male/Female Weight (aprox): _____

Color: _____

Spayed/Neutered: Yes/No if not when? _____

How long have you had the dog? _____

Where did you get the dog? _____

Does your dog get along with other dogs? _____

Has your dog ever bitten another dog or person? _____

Does your dog growl or snap when food or toys are taken away? _____

Does your dog like to dig? _____

Has your dog ever climbed or jumped a fence? _____

Please describe any behavioral problems you might know of: _____

Is there anything else we should be aware of? _____

Tell us about your dog's health

Animal Hospital: _____

City: _____ State: _____

Veterinarian: _____

Phone: _____

List any allergies: _____

List any medical conditions: _____

Vaccinations: Please attach a copy of your dog's current vaccinations or email them to boneandbarkinn@gmail.com.

Required Vaccinations: Rabies, Distemper/Parvo & Bordatella (kennel cough).