



CLIENT PROFILE

(Please Print Clearly)

- Please complete this form. Return to Bark! Bark! BackYard office or e-mail to info@barkbarkbackyard.com.
- If you are registering more than one dog please complete a separate form for each dog.
- If you brought food for your dog, please have in a **labeled ziplock bag**.

Please attach your dog's proof of current vaccinations to this form.

OWNER'S NAME(S) _____

ADDRESS (MAILING) _____

CITY: _____ ZIP: _____

ADDRESS
(PHYSICAL IF DIFFERENT) _____

CITY: _____ ZIP: _____

CELL PHONE: _____ CAN YOU GET TEXTS?: YES NO

OTHER PHONE: _____

EMAIL: _____

EMERGENCY CONTACT (OTHER THAN OWNER):

CONTACT NAME: _____ PHONE: _____

VETERINARIAN

NAME/CLINIC: _____ PHONE: _____

AUTHORIZED HANDLERS: BARK! BARK! BACKYARD CAN RELEASE YOUR DOG TO THE FOLLOWING PERSON(S):

NAME: _____

NAME: _____

DOG'S NAME: _____ AGE: _____ BREED: _____

MALE FEMALE SPAYED / NEUTERED: YES NO

WEIGHT: _____ COLOR: _____ BIRTHDATE: _____

METHOD OF FLEA CONTROL**: _____

**DOGS WILL BE VISUALLY CHECKED FOR FLEAS.



HEALTH

Has your dog been ill in the last 30 days YES No

Is your dog displaying any unusual symptoms such as coughing, sneezing, or upset stomach? YES No

Are there any restrictions that need to be placed on your dog's physical activities or movements? YES No

If "YES", to any above please explain: _____

FOOD..

Do you feed your dog at specific times or do you free feed? TIME OF DAY: _____

How much do you feed? _____

What type of food? BRAND: _____ KIBBLE WET

Any food allergies or restrictions? _____

BEHAVIOR

Is your dog housebroken? YES No

If not housebroken, does s/he use puppy pads? YES No

Does your dog tolerate being crated? YES No

***Part of training includes teaching your dog to enjoy his or her own space for "quiet time" in their crate. Is there anything you would like us to know about your dog's present reaction to being crated?**

Has your dog ever chewed or eaten his bedding? YES No

PLACE AN X IN THE BOX NEXT TO ANY OF THE PROBLEMS YOU'RE HAVING WITH YOUR DOG.

-Bolts through open doors.
-Does not come when called.
-Guards space.
-Guards toys, food, objects, etc.
-Is a nuisance barker or whiner.
-Is aggressive towards dogs.



PLACE AN X IN THE BOX NEXT TO ANY OF THE PROBLEMS YOU'RE HAVING WITH YOUR DOG.

-Is not housebroken.
-Is overactive and doesn't settle down easily.
-Jumps on people.
-Mounts people or objects.
-Play bites.
-Pulls on leash.
-Urinates when excited/afraid.
-Chews destructively. (If yes explain on what, when and why.)

Explanation: _____

-Growls at family members or new people. (If yes explain when and why.)

Explanation: _____

-Has bitten (not in play). (If yes explain who, why, when and severity of the bite.)

Explanation: _____

-Is shy. (If yes explain towards what.)

Explanation: _____

-Anything else you want to tell us about your dog?

Explanation: _____

HOW DID YOU HEAR ABOUT BARK! BARK! BACKYARD?

Pet Store (which one?): _____

Vet Office (which?): _____

Internet: Facebook, Google, etc: _____

Coconut Wireless: Friend Referral, Dog Fanciers of Kauai, Other: _____