



Grooming • Daycare • Boutique

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APPLICATION FOR SERVICES

Client Information

_____ Date

(All information is kept strictly confidential - always)

_____ Last Name First Name Prefix (Mr., Dr., Ms., Mrs.)

_____ Address Postal Code

_____ Phone (Home) Phone (Work) Cell / Pager

_____ E-mail Address (from time to time, Central Bark sends dog photos, etc. to clients via e-mail)

Emergency Contact Information

_____ Phone (Home) Phone (Work) Cell/Pager

Pet Information

_____ Dog's Name

_____ Dog's Name

_____ Breed

_____ Breed

M / F Yes / No Micro-chip / Tattoo / No
Sex Spayed/Neutered Identification

M / F Yes / No Micro-chip / Tattoo / No
Sex Spayed/Neutered Identification

_____ Age / Birthday

_____ Age / Birthday

Shot Record (date administered)

DHLLP _____

DHLLP _____

Bordetella _____

Bordetella _____

Rabies _____

Rabies _____

Brand name of Flea / Tick control product used *** Dogs must be protected seasonally in order to participate at Central Bark ***

Veterinarian Information

_____ Veterinarian Location / address Phone

Dog Profile

How long have you owned your dog? _____

If adopted, do you have knowledge of your dog's past history? Yes / No

If yes, please describe his/her past:

Are there other animals in your household? Does your dog get along with the other animals?

Behaviour

You are responsible for informing us of any and all incidents of bites or aggression concerning your dog (that is, dog-to-dog, dog-to-human, etc.).

How does your dog react to another dog visiting in your home?

Are there any people your dog automatically fears or dislikes?

Are there any breeds or kinds of dogs your dog automatically fears or dislikes?

How does your dog react to puppies?

How does your dog react to other dogs approaching when you're on a walk?

Has your dog ever growled at someone? Yes / No

What were the circumstances?

Has your dog ever bitten someone? Yes / No

What were the circumstances?

Does your dog have any **problems** in the following areas? **Please circle:**

- | | | |
|----------------------|---------------------|--------------------|
| Destructive chewing | Mouthing | House training |
| Barking | Nervousness | Coming when called |
| Ignoring commands | Eating feces | Pulling on leash |
| Frightened by noises | Eats non-food items | |

Have you tried taking food or toys away from your dog? Yes / No

What happened?

Will your dog share food or toys with another animal? Yes / No

Does your dog play well with other dogs? Yes / No

Does your dog play off leash with other dogs? Yes / No

Has your dog had formal obedience training? Yes / No

If yes, when and with whom?

Are there any additional comments or special requirements (i.e. preferences, feeding schedule, medications, etc.) we should know about?

By signing this form, the undersigned Owner confirms that all information provided in this Application is accurate and true to the best of their knowledge.

The owner also agrees to be financially responsible for any harm to any person(s) or dog(s) caused by their dog, including any and all Medical and/or Veterinary costs resulting from Owner's dog's behaviour.

Signature of Dog Owner

Date

Authorized Agent of Central Bark

Date



PLEASE CONTINUE →



CENTRAL BARK

CLIENT AGREEMENT / LIABILITY WAIVER

Guardian / Owner of Dog: _____

Dog's (or Dogs') Name(s): _____

I certify that I am the owner/guardian of the dog listed above, which has been placed in the care of Central Bark. I agree that:

1. **My dog is in good health** and suffers from no known health problems. My dog is up-to-date on Rabies and other required vaccinations. I agree to use seasonal flea and tick prevention medication on my dog
2. **I guarantee that my dog has shown no aggressive behaviour to any person and/or other dogs.**
3. In admitting my dog to Central Bark, I recognize that Central Bark is a **cage-free facility**, with dogs constantly interacting with each other. I recognize and understand that dogs play rough and may sustain injuries, even when closely supervised.
4. I agree to indemnify and hold harmless Central Bark or its employees from any liability whatsoever That might be incurred while caring for my dog.
5. I agree that Central Bark may furnish, at my expense, any medical treatment for injury or sickness that is determined by Central Bark to be necessary for the **health and welfare of my dog, or for any other dog injured by my dog's behaviour or actions.** I understand that Central Bark will proceed without my consent if the condition or injury is deemed to need immediate veterinary attention.
6. **I agree and understand that I am fully responsible for any and all claims that may arise as a Result of my dog's actions and behaviours.**

I certify that I have read, understood, and agree to each of the six items listed above, and agree to abide by all the terms and statements of this Agreement.

Signature of Dog Owner

Date

Authorized Agent of Central Bark

Date

