

# Barking Lot, Inc.

## Bed and Bone Reservation

Client Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Phone \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Pet Name	Breed/ Color	Markings	Weight	Birthday
_____	_____	_____	_____ lbs	_____ M/F N/S
_____	_____	_____	_____ lbs	_____ M/F N/S
_____	_____	_____	_____ lbs	_____ M/F N/S
_____	_____	_____	_____ lbs	_____ M/F N/S

Veterinarian Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

In addition to owner, who may we release your pet to? Specify who, relationship, and phone number

Does your pet have health concerns? Explain \_\_\_\_\_

**NOTE:** Barking Lot, Inc. requires proof of current vaccinations. Bordetella, DHLPP every 12 months, and Rabies per state law. All vaccinations must be given at least 3 weeks prior to your pets stay with us. In addition, we require a 10 day waiting period before entrance to our facility if your pet has visited a dog park, been exposed to/treated for an infectious disease, boarded at any other facility, or is being treated for an infectious disease.

Flea/Tick Prevention \_\_\_ Y \_\_\_ N Type \_\_\_\_\_ Date Last Given: \_\_\_\_\_

**NOTE:** Barking Lot, Inc. requires the use of flea/tick prevention. If a pet arrives with parasites, we require a flea/tick bath/capstar at owner's expense

Heartworm Prevention \_\_\_ Y \_\_\_ N Date Last Given: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_ Brand of Food: \_\_\_\_\_

Medication: \_\_\_ Y \_\_\_ N Name of Rx, dosage, and milligrams: \_\_\_\_\_

ATTN: Medication must be in original container provided by veterinarian

May we post pictures of your pet on Facebook and Instagram? Yes No

# Barking Lot, Inc.

## Bed and Bone Questionnaire

Please circle one of the following

Leash Walk (\$20 for 2 sessions):      Yes    No    Sun.[ ] Mon.[ ] Tues. [ ] Wed.[ ] Thurs.[ ] Fri.[ ] Sat.[ ]  
Pup Ice Cream (\$3.50 per serving) :    Yes    No    Sun.[ ] Mon.[ ] Tues. [ ] Wed.[ ] Thurs.[ ] Fri.[ ] Sat.[ ]  
Homemade Treats (\$2.99 each):        Yes    No    Sun.[ ] Mon.[ ] Tues. [ ] Wed.[ ] Thurs.[ ] Fri.[ ] Sat.[ ]  
Pool Time (\$20 for 20 minutes):        Yes    No    Sun.[ ] Mon.[ ] Tues. [ ] Wed.[ ] Thurs.[ ] Fri.[ ] Sat.[ ]  
One on one enrichment (\$20 for 2 sessions): Yes    No    Sun.[ ] Mon.[ ] Tues. [ ] Wed.[ ] Thurs.[ ] Fri.[ ] Sat.[ ]

Special Meal Service (\$3.50/bag homemade sodium free chicken and rice): Yes No \_\_\_1x \_\_\_2x per day  
Note: Pets who are not eating well or who present with loose stool or diarrhea may be given chicken and rice or prescription WD diet at owners expense.

### General Questions About Your Pet (Circle one of the following)

Does your pet get along with other dogs, big & small? Yes No    Is your pet house trained? Yes No

Is your pet able to jump/climb fences? Yes No                      Has your pet been known to chew? Yes No

Does your pet like to play fetch? Yes No    Does your pet have a favorite toy or treat? \_\_\_\_\_

Does your pet have any phobias? (i.e., Thunder) Yes No If Yes, Explain: \_\_\_\_\_

My pet DOES NOT like to be petted here \_\_\_\_\_ My pet DOES like to be petted here \_\_\_\_\_

Does your pet have any of the behavioral concerns in any of the following areas? (Circle your concern/s)

Snips    Food/Toy Aggressive    Talkative Anxiety    Allergies

Digger    Marks    Mounting other dogs    Coprophagia (Eating poop, own or others)

Please elaborate on any of the concerns listed above

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Is there anything else you can tell us about your pet? \_\_\_\_\_

Please provide your pet with a quick release collar, appropriately fitted, for his/her stay. In case of a building evacuation, we escort all pets to a designated tie out area and proceed with safety measures.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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