



New Dog Registration Form

Attention: Out of town customers visiting for the day will be charged a flat rate of \$32.00 for any day care services, which includes a \$5 surcharge due to extra attention to administrative and service duties required to add an infrequent guest into our pack.

Tell Us About Yourself

Your Name: _____

Email : _____

Address: _____

Address Line 2: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Number: _____

Who else is authorized to pick up your pet? _____

Instructions in case of Emergency: _____

How did you hear about us? _____

If referred by someone, please tell us who (we'd like to give them a free day of daycare) _____



Tell Us About Your Pet(s)

Dog Number 1

Name: _____
Breed: _____
Birth Day (if known)Age: _____
Sex _____
Spayed/Neutered _____
Weight: _____
Color: _____

Dog Number 2

Name: _____
Breed: _____
Birth Day (if known)Age: _____
Sex _____
Spayed/Neutered _____
Weight: _____
Color: _____

Dog Number 3

Name: _____
Breed: _____
Birth Day (if known)Age: _____
Sex _____
Spayed/Neutered _____
Weight: _____
Color: _____



Tell Us About Your Pet's Behavior

How does your dog get along with other dogs?

How does your dog get along with people?

Under what conditions does your dog growl, snarl, bark, or cry?

Has your dog ever bitten or been bitten?

Has your dog used a day care/boarding facility before?

Comments:

Tell Us About Your Pet's Health

Veterinarian Dr.:

Clinic/Hospital

Vet's Address

Vet's Phone Number

Please describe your pet's general health. Include any current medical conditions.

Allergies

Current Medications



Vaccinations

Rabies

» Date Administered _____

» Date Due _____

DHLPP

» Date Administered _____

» Date Due _____

Bordetella

» Date Administered _____

» Date Due _____

I acknowledge that my pet
is currently on an
accepted form of
heartworm and flea/tick
preventatives.

I certify that I am the owner of the aforementioned dog(s). I authorize BARK ATL to contact my veterinarian in order to confirm health, temperament and vaccinations. I give consent to BARK ATL to act on my behalf by obtaining veterinary care at my expense, should BARK ATL deem it necessary.

Signature

Date

Printed Name

Send this completed form to Bark ATL via fax at 404-681-2275 or email to info@barkatl.com