



ADDITIONAL PET GUEST INFORMATION

Dog's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered

Has your dog ever attended a daycare or boarding facility in the past? Yes No

Has your dog ever been to a dog park? Yes No

Does your dog have a basic understanding of commands (sit, stay, down, etc.)? Yes No

Is your dog housebroken? Yes No Paper Trained

Is your dog crate trained? Yes No

MEDICAL HISTORY

Is your dog currently taking any medications? Yes No

**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO READ/SIGN THE
MEDICATION/SUPPLEMENT SECTION DOWN BELOW.**

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies?
Yes No If yes, please explain _____

Does your dog have any physical restrictions while playing, or sensitive area on the body? Yes No
If yes, please explain: _____

MEDICATION/SUPPLEMENT ADMINISTRATION

I am aware and understand that Barkwood Pet Resort employees are not veterinarians and do not have backgrounds in animal medicine. Barkwood employees are not expected to diagnose or detect illnesses in the pets that are staying at Barkwood. I agree to assume all risk associated with administration of medication/supplements by Barkwood Pet Resort employees during my pet's stay. Administration of medications during boarding incurs a \$2 /day fee.

Owner Signature _____ Date: _____

FEED INSTRUCTIONS

We request that all of our guests arrive with their own food to avoid tummy issues. There is a \$3 /day charge for Barkwood Food.

	<u>Dry Food</u>	<u>Wet Food</u>
Morning _____	Cups/Zip	Morning _____
		Cups/Zip
Noon _____	Cups/Zip	Noon _____
		Cups/Zip
Evening _____	Cups/Zip	Evening _____
		Cups/Zip

Special Feeding Instructions: _____



PERSONALITY

Please check all answers that describes your dog's personality:

- Outgoing Timid Affectionate Reserved Protective Feisty Friendly Obedient
 Aggressive Independent Playful Confident Submissive Clingy Gentle

Please check all answers that describe your dog's attributes:

- Biter Climbs fences Howls Active chewer Barks excessively Likes to herd Low activity level
Toy aggressive Food/treat aggressive Separation anxiety Excessive marking
 Excessive mounting Coprophagia (Eats feces) Other: _____

Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Please check all that apply when describing situations where your dog may become unfriendly:

- Grabbing collar Being removed from furniture Meeting strangers Meeting other dogs
 Being hugged Being brushed Being touched while sleeping Being touched on the ears
 Being touched on the paws Being touched on the mouth Being touched on the tail Being touched on
the lower back Around women Around men Around children
 Other: _____

Has your dog displayed any of the following reactions? (Please check all that apply):

- Will bite May bite Growls Snaps Shows teeth Trembles freezes Moves away

Your dog plays best with: No Dogs Big Dogs Little Dogs Older Dogs Puppies

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: _____ Date: _____