

The Barking Lot
3235 99th St
Urbandale, IA 50322
(Tel) 515-331-4628
(Fax) 515-331-1509

Owner Information

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Address: _____

City	State	Zip
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Home Phone: _____ Work Phone _____

Cell Phone: _____ E Mail: _____

Emergency Contacts

Name Phone _____

Name Phone _____

Dog Information

Dog Name: _____ Age: _____
Breed _____ Color: _____
Gender: Male / Female Spayed / Neutered Yes No

Veterinarian Information

Veterinarian/clinic

Phone

Health Information

Please list the vaccination expiration dates: Rabies: _____
DHLLP: _____
Bortetella: _____

Is your dog on Heartworm and Flea/Tick Prevention? Yes No
(If yes what type? _____)

Has your dog ever had or now has:
Hookworms / Roundworms / Tapeworms / Whipworms Yes No
Mites / Lice ?

Does your dog take any regular medications? Yes No
(If yes, specify medications, dosage, schedule: _____)

Does your dog have any allergies? Yes No
(If yes, please specify _____)

Does your dog have any musculoskeletal / joint problems? Yes No
(If yes, please specify _____)

Does your dog have any sensitive/painful areas where he/she does not like to be touched? Yes No

Feeding Information

Food: Own House

What times does your dog eat? _____

Amount Per Feeding _____

Please list any other special feeding information: _____
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Background & Personal Profile

Is your dog the only dog in the household? Yes No
(If no, how many dogs are there? _____)

Did you get your dog through: Animal shelter / Breeder / Pet Store / Friend / other

Does your dog have problems being alone? Yes / No / Sometimes
Never Been Alone

Is your dog friendly with:

Other dogs?	Yes	No
Children?	Yes	No
Strangers?	Yes	No

(If no, please explain: _____)

Has your dog ever bitten anyone? Yes No
(If yes, please explain: _____)

Is your dog afraid of anything in particular (ex. Noises, situations)? Yes No
(If yes, please explain: _____)

Has your dog ever been bitten? Yes No
(If yes, please explain _____)

Do you always trust your dog with other dogs? Yes No
(If no, please explain _____)

Was your dog ever involved in a dogfight? Yes No

What does your dog like?

Walking on a leash	Yes	No
Running in the Yard	Yes	No
Sleeping on the sofa	Yes	No
Playing with toys	Yes	No
Playing with owner	Yes	No
Playing with other dogs	Yes	No
Chewing on bones	Yes	No
Sitting on peoples laps	Yes	No
Barking when he/she is excited	Yes	No
Barking when he/she is alone	Yes	No
Barking when wants attention	Yes	No
Other _____		

Does your dog have:

Prey Drive Yes No

Food/toy guarding Yes No

Need to destroy Yes No

Dominance issues Yes No
(If yes, please explain _____)

Any other important facts you feel we should know about your
dog? _____

How did you hear about us?

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3235 99th Street * Urbandale, Iowa 50322 *515-331-4628 * Fax 515-331-1509

Boarding Client Agreement

Dog(s) First Name: _____ Dog(s) Last Name: _____

Medications: Type 1: _____ Amount: _____ Times/Day: _____
Type 2: _____ Amount: _____ Times/Day: _____
Type 3: _____ Amount: _____ Times/Day: _____

Describe Any Other Special
Instructions: _____

Client Agreement and Release of Liability:

Please acknowledge the following policy statements by initialing in the space provided.

_____ For myself, my heirs and any assigns, I hereby release The Barking Lot, LLC, its agents, officers, subcontractors, employees, animal owners, customers and potential customers of The Barking Lot, LLC, from any and all liabilities, financial or otherwise, for injuries to myself, my dog(s) or any other property of mine which arise in any way from our services and/or products provided by or as a consequence of my association with The Barking Lot, LLC.

_____ In consideration of the services rendered to the Client by The Barking Lot, LLC the Client waives any and all claims, actions or demands of any nature, foreseen or unforeseen, that he/she may have now, or in the future, against The Barking Lot, LLC relating to care, control, health and/or safety of the Client's dog(s) arising its stay at the facility at which the Client's dog(s) is being cared for.

_____ Due to the many outstanding benefits of dog socialization and The Barking Lots', LLC commitment and well being of the Client's dog(s), the Client agrees the benefits of dog socialization outweigh the risks. Furthermore, the Client requests a socialized environment for their dog(s) while under the care of The Barking Lot, LLC

_____ The Client agrees to assume all liabilities and responsibilities, financial or otherwise, for the behavior and health of the Client's dog(s). The Client agrees to hold The Barking Lot, LLC harmless from any claims, actions or demands against The Barking Lot, LLC arising during its' stay at The Barking Lot, LLC facility.

_____ The Client authorizes The Barking Lot, LLC to do whatever they deem necessary for the safety, health and well being of the Client's dog(s) while under the care of The Barking Lot, LLC

By signing below, I acknowledge that I have read this Boarding Client Agreement in its entirety and agree to the terms. This agreement shall be binding for a period of ten (10) years from the date of the signature below.

Signature

Date