

Dear Client,

Thank you for your interest in Bark Town USA daycare services. We are so excited to get to know your precious pups!

We would love to get your dog started at our daycare, so here's what we need from you:

- This registration form filled out, signed and returned to us
- Proof from your veterinarian that your pups are current on their Rabies,
 Bordetella and Distemper vaccines
- Proof from your veterinarian of a negative fecal test result within the last 30 days

These documents can be dropped off at our facility or emailed over to us at info@barktownusa.com. Once we have all of this paperwork, we can schedule your pups for their first day of play!

If you do not hear from us 24 hours after sending us your paperwork, please give us a call at (517) 548-9917 so that we can get your dogs scheduled. Sincerely,

The Bark Town USA Staff





199 Lucy Road • Howell • Michigan • 48843 • Phone: 517-548-9917 • info@barktownusa.com

Daycare Client Information Form

Client Information	<u>n:</u>		Date
Name:			
			Zip:
Home Phone:		Work Phone	
Cell Phone:			
Email Address:			
Alternate or Eme			
Name:			
Name:			
		Work Phone:	
Home Phone:		Work Phone:	
Home Phone: Cell Phone: Canine Information	on:	Work Phone:	
Home Phone: Cell Phone: Canine Information Name:	on:	Work Phone:	
Home Phone: Cell Phone: Canine Information Name: Breed:	on:	Work Phone:	
Home Phone: Cell Phone: Canine Information Name: Breed: Date of Birth:	on: Sex:	Work Phone:Color:Spayed/Neutered?	
Home Phone: Cell Phone: Canine Information Name: Breed: Date of Birth:	on: Sex:	Work Phone:Color:Spayed/Neutered?	Y N Weight
Home Phone: Cell Phone: Canine Information Name: Breed: Date of Birth: Special Needs: Veterinary Inform	on: Sex:	Work Phone:Color:Spayed/Neutered?	Y N Weight
Home Phone: Cell Phone: Canine Information Name: Breed: Date of Birth: Special Needs: Veterinary Inform Name of Veterinar	on: Sex: nation: y Hospital:	Work Phone:Color:Spayed/Neutered?	Y N Weight
Home Phone: Cell Phone: Canine Information Name: Breed: Date of Birth: Special Needs: Veterinary Inform Name of Veterinar Name of Veterinar	on: Sex: nation: y Hospital: _ ian:	Work Phone:Color:Spayed/Neutered?	Y N Weight



Vaccine Policy

The following is Bark Town, USA LLC's Vaccine Policy which applies to all dogs attending daycare, class or being groomed:

Bark Town Required Vaccines:

Recommended Frequency:

Distemper complex vaccine* -

As required by your vet

*This vaccine should include protection against: Distemper, Parvovirus, and Adneovirus/Hepatitis, Parainfluenza, Corona, & Lepto

Rabies Vaccine -

Required every 3 years (by state law) or as your vet recommends

Bordetella (Kennel Cough)* -

Every 6 months

Negative Fecal Test -

Every 6 months

*Feel free to have your veterinarian email over the required vaccine information to info@barktownusa.com.

All puppies & dogs must have been in their new home for a minimum of 14 days prior to attending daycare, classes or being groomed.

Dogs must be current on Distemper, Rabies and Bordetella as well as have a negative fecal exam prior to entering Bark Town's facility.

Also, all puppies must have had their first Distemper vaccine from a veterinarian at least 10 days prior to attendance, a Bordetella vaccine at least 3 days prior, and a negative fecal test.

^{*}This is not a vaccine that is commonly given by veterinarians, unless they know that you are planning on taking your pet to a daycare or boarding facility.

Terms of Agreement

I,, do hereby entrust Bark Town USA, LL	.C to
provide Daycare and/or Grooming and/or Training for my canine companion(s	5)
	_
I hereby certify that my dog(s) is(are) in good health and has not been ill with	any
communicable condition within the last 30 days.	
I understand and agree that Bark Town USA, LLC, their staff, agents, and volunteers, will not be liable for any problems that develop provided that recare and precautions are followed, and I hereby release them of any such arising from my dog(s) attendance and participation at Bark Town USA, LL	liability
I further understand and agree that any problems that develop with my doctreated as deemed best by staff and volunteers of Bark Town USA, LLC, in discretion, and that I assume full financial responsibility for any and all expinvolved.	n their sole
Bark Town USA, LLC, its staff, agents and volunteers will not be held resp liable for any loss or damage that may occur. Bark Town USA, LLC, its stand volunteers will use all reasonable precautions to prevent injury, escap destruction of the canine in their care.	ff, agents
I understand that I am solely responsible for any harm caused by my dog(s) are attending Bark Town USA, LLC.	s) while
All checks returned for non-sufficient funds will be assessed a \$25.00 fee.	
Hours of operation for Bark Town USA, LLC Daycare services are 7:00 amp.m. All dogs must be picked up by 7:00 pm. A late fee will be applied dogs picked up after 7:00pm.	
Bark Town USA, LLC is not an overnight facility.	
I certify that I have read and understand this agreement and I agree to these to conditions.	erms and
Signature: Date:	

Medical Care Release

The welfare and safety of your dog(s) is of the utmost importance. If a medical emergency should arise while your dog is attending daycare at our facility it is critical that we are able to provide medical treatment quickly. Bark Town USA, LLC will make all reasonable attempts to have your pet treated by your veterinarian (as listed on your current client information form).

Bark Town USA, LLC has made arrangements for emergency medical care with the following veterinary hospital(s):

Countryside Veterinary Hospital 2745 East Grand River Howell, Michigan 48843 (517) 546-5714

In the event of a medical emergency, I agree to allow Bark Town USA, LLC to seek medical care from either my regular veterinarian or the above veterinary hospital. I further agree that I am financially responsible for any medical treatment my dog(s) receive as a result of a medical emergency while attending daycare at Bark Town USA, LLC.

Signature:	Date:	
Name of Dog(s):		

Tell Us About You & Your Dog

Dog's Name	Breed	Age
Spayed/Neutered: Y	N	
Did you, or are you, raising	this dog from a puppy? Y N	
How old was this puppy whe	en you brought him/her home?	
Where did you get your pup	py/dog from? (breeder, pet store, res	cue, shelter)
Have you owned a dog befo	ore? Y N What breed(s)?	
Has your dog had any forma	al training? Y N Where?	
Have you formally trained a	previous dog? Y N Where	e?
Flat buckle collar Choke collar	o train your dog? (Check all that a _ Head Collar/Halter _ Electric Shock Collar _ No pull/Easy Walk Harness	Martingale Collar Pinch Collar
Is your dog crate trained?	Y N	
Are you having any specific	problems with your dog? (Check	all that apply):
runs away/no recall soils in house plays too rough growls jumps on people/lunges eats rocks/inedible object Other problems	does not play snaps pulls on leash	destructive difficult to motivate never settles down bites/nips possessive over resources blems? Y N
	ribes your dog? (Check all that ap	
shy/timidbossy/pushyquiet/reservedreserved at firsteasily-distractedadventurousnervous/worriedconfident Other	happy/friendlyactive/very activefears/dislikes peoplelikes peopleeasy goingfearfulimpatientcautious	likes dogsfears/dislikes dogsfears/dislikes noisespatient/acceptingunresponsiveanxiousobnoxiouscocky
	s? Y N Does your dog sha	re toys with other dogs? Y
Does your dog play with oth Has your dog attended days	er dogs? Y N care before? Y N Where?	

Describe your household: Total number living in home: AdultsChildren	Dogs	Cats	
Has your dog ever bitten or snapped at a person? Y			
If yes, please explain			
What do you like the most about your dog?			
What do you like the least about your dog?			
Is there anything else you would like us to know about you	ur dog?		I

Daycare Price List

<u>Daily Rate</u> \$ 35 per day *Price effective November 2021

Multiple dogs attending daycare on the same day will receive our lowest discounted rate. Monthly Recurring Pack Membership options available.

Payment should be made when the dog is dropped off for the day.