



CANINE GUEST PROFILE

Please complete a separate Canine Guest Profile for each pet that will visit Wash Bark. Wash Bark will rely on the information that you provide in this profile to design and provide appropriate care for your pet during his or her stay with us.

*Owner Last Name: _____ First Name: _____

Pet Name: _____ Breed: _____ Color/Marking: _____

___ Male ___ Neutered ___ Female ___ Spayed Weight: _____ Age: _____

Pet Birth Date: _____

*Primary phone: _____ Alternate phone: _____

*Street Address: _____

*City: _____ State: _____ Zip: _____

*Email: _____ Referred by: _____

*Emergency Contact: _____ Phone: _____ Relation: _____

*Emergency Contact: _____ Phone: _____ Relation: _____

*Veterinarian: _____ Clinic: _____ Phone: _____

Others authorized to pick up my pet: _____

Does the pet know the person(s) listed above well enough to feel safe if released to him/her? _____

***Owner Information is only required for first family pet.**

Does your pet exhibit any unusual behaviors? Yes No

If yes, please explain:

Has your pet attended daycare before? Yes No

If yes, were there ever any problems?



Has your pet been professionally groomed before? Yes No

If yes, were there ever any problems?

Has your pet had any formal training? Yes No

If yes, please list commands:

Does your pet have any old injuries/health concerns? Yes No

<input type="checkbox"/> Seizures	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Previous Surgery
<input type="checkbox"/> Head Trauma	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Other

If any of the above are checked, please explain:

Does your pet have any current injuries/health concerns? Yes No

If yes, please explain:

Does your pet have any restrictions to activities or movements? Yes No

If yes, please explain:



Is your pet allergic to any products, medications, foods, or treats? Yes No

If yes, please explain:

Has your pet ever shown aggressive behaviors towards another person? Yes No

If yes, please explain:

Has your pet ever shown aggressive behaviors towards another animal? Yes No

If yes, please explain:

What heartworm preventative is your pet taking? _____ Date Last Given: _____

What flea/tick preventative is your pet taking? _____ Date Last Given: _____

Notable Behaviors – Indicating these behaviors helps to create an appropriate environment for your pet.

House trained	Human friendly <input type="checkbox"/> Males <input type="checkbox"/> Females	Dog friendly
Spills water	Protective of food/toys/other pets	Escape artist
Digger	Jumps	Chewer
Fence climber	Eats/swallows toys or other objects that may cause choking	Other

Other Notable Behaviors: _____



MEDICATIONS

My pet needs the following medications.

Medication Name	Dosage	Frequency	Condition Being Treated

Our experienced staff will give appropriate **oral** (no IV medication) medications to dogs, at owner's request, for no additional charge.

All medications must be provided by the Owner/Guardian in the original prescription container, properly labeled with written instructions including pet's name, type of medication, dosage and schedule with no handwritten changes. At Owner/Guardian's request, Wash Bark will give the pet over-the-counter supplements and vitamins while the pet is staying at Wash Bark.



CONSENT TO MEDICAL TREATMENT

In the event of a veterinary emergency involving my pet, I understand that Wash Bark will attempt to reach me using the contact information I have supplied. If Wash Bark is unable to reach me immediately using the contact information that I have provided, I understand that Wash Bark will attempt to contact the person(s) I have designated as emergency contacts using the contact information that I have provided for them. I hereby represent that Wash Bark may rely on my emergency contact(s)' directions regarding my pet. In the event that Wash Bark is unable to reach either me or my emergency contacts immediately using the information that I have provided, I authorize Wash Bark to make decisions regarding veterinary care for my pet. I further agree that I am responsible for all costs of such care up to the limit established below.

- I choose unlimited expenses for veterinary care for my pet.
- I choose to limit expenses for veterinary care for my pet to a total amount of \$_____.

Additional Requests:

Signature: _____ Date: _____

Printed Name: _____

Guest's (Pet's) Name: _____

As your pet's condition and behavior may change over time, Wash Bark relies on you to keep this profile up to date for each dog that is a repeated Guest at Wash Bark.



SENIOR & SPECIAL NEEDS GUESTS

Wash Bark considers any dog approximately 8 years of age or older (breed specific) a Senior Guest and any dog that may need special attention a Special Needs Guest.

Senior & Special Needs Guests can often experience higher levels of stress during their visit with us. They can be set in their ways and are often used to specific daily routines, which can be disrupted when staying at any daycare facility. Stress can lower the dog's resistance to disease and can potentially expose medical problems or aggravate a current one during or after the stay. Some of these health problems could include kidney, urinary or heart problems.

You understand that Senior & Special Needs dogs may require written approval from your veterinarian before check-in to Wash Bark to assure that your dog is healthy enough for daycare and/or grooming.

You understand that Senior & Special Needs dogs may incur an additional fee per day if extra assistance is required throughout their stay. Wash Bark reserves the right to determine any additional fees based on the extra assistance the guest may need.

You understand that Wash Bark reserves the right to deny admittance to any dog for any reason at any time, including, without limitation, injury, sickness, or behavior that, in Wash Bark's sole judgment, could jeopardize the health or safety of other dogs or the staff.

You understand that in the event of an emergency, Wash Bark will attempt to contact you or your Emergency Contact to retrieve your dog. You agree that Wash Bark, in its sole discretion, is authorized to transport, and/or make temporary alternative arrangements to house and care for your dog until either you or your Emergency Contact can come pick up your dog.

You understand that in the unlikely event that your dog passes away while staying at Wash Bark, you release Wash Bark from any liability or claim.

Your signature on this document confirms you have read this document entirely and have had the opportunity to discuss its terms with Wash Bark to your satisfaction, and agree to its terms and conditions in its entirety.

Signature: _____

Date: _____

Printed Name: _____

Guest's (Pet's) Name: _____