



Client Intake Form

Thank you for making our recreation center a safe and fun place for all dogs and their owners!

Pet Owner/Client Information:

Name: _____
Address: _____
City, State, Zip: _____, _____, _____
Email: _____

Mobile Number: _____
Home Number: _____
Work Number: _____
Alternate Contact Name: _____
Alternate Contact's Number: _____

Pet Information:

	<u>First Pet</u>	<u>Second Pet</u>	<u>Third Pet</u>
Pet Name:	_____	_____	_____
Breed:	_____	_____	_____
Age/Birth Date:	_____	_____	_____
Female/Male:	_____	_____	_____
Spay/Neuter?	Yes [] No []	Yes [] No []	Yes [] No []

Pets must be current on the following vaccinations. Please have copy of vaccination certificate at check in

*Rabies
*Distemper
*Parvo
*Bordetella
*Fecal Test/Parasite Screen (for daycare only)

Veterinarian Name: _____
Clinic Name: _____
Veterinarian Phone: _____

Daycare assessments are done between 10am - 4pm any day.

Dogs must attend a half day of daycare on a Saturday or Sunday before participating on a weekday.

Dogs must be spayed or neutered by 8 months of age to attend daycare.

Current Health Information:

Is your dog(s) on any current medication(s) and/or have any medical conditions we should be aware of? Yes [] No []

Details: _____

Does your dog(s) have any allergies (food or other), recent surgery's, injuries, seizures or diarrhea recently? Yes [] No []

Details: _____

May we give your dog(s) treats? (BCRC provides Made in the USA treats only) Yes [] No []

Assessment:

In a few short words, please describe each of your dog's personality:

Has your dog(s) attended doggy daycare before? Yes [] No [] If yes, Please explain each of your dog's behavior while in daycare: _____

Have you ever been asked to remove your dog(s) from daycare/has any of your dogs ever failed a behavioral assessment? Yes [] No [] If yes, Please explain: _____



Does your dog(s) experience separation anxiety and/or would you consider him/her a flight risk? Yes [] No [] If yes, please explain the behavior and describe the level of severity: _____

Describe how your dog(s) play with other dogs: _____

Is your dog(s) possessive of toys? Yes [] No [] _____

Have any of your dog's ever jumped a fence? Yes [] No [] If yes, how high was the fence? _____

List your dog's fears: _____

Have there been any recent traumatic events, challenging vet visits or changes in home life? Yes [] No [] If yes, please describe how this has affected your dogs behavior _____

Swimming Pool:

Have any of your dog's ever been swimming before? Yes [] No [] If yes, please explain each of your dog's behavior in and around the water: _____

Please initial that you have received a copy, read and understand the pool rules: _____

Marketing:

How did you hear about Barley's Canine Recreation Center? _____

Do we have your permission to email you with BCRC promotional information?(Discounts/Sales, Training Classes, Holiday Parties, Fundraisers, Contests, Events, etc.) Yes [] No []

Note: BCRC will not share or sell your contact information. All information is confidential.

Do we have permission to post your dog(s) pictures on social media websites (Facebook, Barley's Website, etc.)Yes []No []

Are there any services, products or clinics that you would like Barley's to begin offering? _____

Owners Signature: _____ **Date:** _____

Please Fax or Email the signed intake form to:

Barley's Canine Recreation Center
2827 S. 2300 E.
SLC, UT 84109

Barleysrecenter@gmail.com

Fax: (801) 467-2219

Phone: (801) 467-6069

www.swimatbarleys.com