

| <b>Dog Walking/Cat Care Information Form</b>  | m Date:/                            |
|---|-------------------------------------|
| Pet's Name:   | Nick Names:                         |
| Parents Name(s):  |                                     |
| Email:  |                                     |
| Cell Phone: () Work (   | <br>) - Home( ) -                   |
| Address:  |                                     |
| Unit:Buzzer:  |                                     |
| HEATLH  |                                     |
| Veterinarian Name:  |                                     |
| Address:  |                                     |
| Phone:  |                                     |
| IN CASE OF EMERGENCY  |                                     |
| Contact Name:   |                                     |
| Phone:  |                                     |
| Please Circle Species: Cat/Dog Gender Age: Breed: Other Marks:                        |                                     |
| Does your dog or has your dog ever exhilleash (if yes, please explain):               | bited any of the following while on |
| Aggression towards other dogs   | NoYes                               |
| Aggressions towards people  | NoYes                               |
| Runs away/escaping  |                                     |
| Pulls Leash   | NoYes<br>NoYes                      |
| Gets excited by cars, squirrels, bikes, etc.  |                                     |
| dets exerted by ears, squirrels, bixes, etc.  | 110103                              |
| Please describe any other behaviors, med<br>should be aware of before caring for your | •                                   |
|   |                                     |
| <del></del>   |                                     |
|   |                                     |
|   |                                     |



| Feeding information (if needed):   |  |
|--|--|
| Please use this space to describe any spec   | <br>cial entry instructions:   |
|  | <u> </u>   |
|  |  |
| How did you hear about Bark Place?   |  |
| Word of mouth (who?):  |  |
| Flyer (where?):  |  |
| Internet (which site(s)?):   |  |
| Other:   |  |
|  | <del></del>  |
| Cancellation Policy Cancellation Notification is recommended service. Notification after 10am the day of services. Furthermore, if we arrive at your havailable or if we are unable to gain access to walk, you will be fully charged for dog warefuses access to our dog walkers due to apa of ours. Other times a client forgets to cancour dog walkers come prepared and travel should be respected and in doing so, charge services. | service will still accrue a full charge for ome for dog walking and your dog is not be your apartment during a scheduled dog alking services. Periodically a doorman artment access errors that are at no fault el and leaves with their dog. Regardless through any weather, we feel their time |
| Signing below gives Bark Place LLC and its home to care for your pet(s) as specified in assume no liability for any illness or injurpersons, or property. If your pet becomes authorized to take your pet to the nearest shall be paid by the owner of the pet. Bark aggressive, unruly, and ill tempered pets, terminate any existing agreements.   | n the above agreement. We shall y caused to your pet(s), or to other injured or ill, Bark Place LLC is hereby animal care facility and such expense Place LLC has the right to refuse  |
| Pet Owner Signature  | Date   |
| Printed Name   |  |