

Our Guest Profile provides a detailed picture of the unique needs of each guest and their parent. So we may exceed customer and community expectations, and ensure a safe environment for guests, staff, and neighbors, all fields on this form are required to be answered thoroughly. Please print in blue or black ink. Thank you.

Guest Information

| First Name | Last Name | |
|---------------------------------|----------------------------------|--|
| Nickname(s) | | |
| | Sex M F | |
| Age and Birth date | Weight | |
| Microchip or Tattoo information | | |
| How long have you been with yo | our owners? (e.g. since a puppy) | |
| Have you stayed at other day ca | are facilities, if so, where? | |
| Why did you leave? | | |
| Owner Information | | |
| Parent 1 | | |
| First Name | Last Name | |
| Street Address | | |
| City | State Zip Code | |
| Home Phone <u>()</u> - | Cell Phone () | |
| Email Address | | |
| Employer | | |
| Address | | |
| City | State Zip Code | |
| Work Phone () - | Other (<u>)</u> | |



| Parent 2 | | |
|---------------------------------|--|------------------------|
| First Name | Last Name | |
| Street Address | | |
| City | State | _ Zip Code |
| Home Phone () - | Cell Phone () | - |
| Email Address | | |
| Employer | | |
| Address | | |
| City | State | _ Zip Code |
| Work Phone () - | Other () | - |
| Do you have medications you | es of which we should be aware (plue a should be aware of a should be aware of a should be aware of so, please describe both the | or need to administer? |
| What type of food do you eat? | ? | |
| What time(s) during the | he day? | |
| How much do you eat | t? | |
| Do you have a sensitive stom | ach? | |
| Are you allowed to try other po | et food, while staying at Bark Place | e? |
| Are you allowed to eat treats | while you're here? | |
| Are there treats you should av | void? | |



Have you stayed in a crate before, either at home or elsewhere, if so, how do you feel about it? ____

If boarding, are you allowed to stay overnight at the home of a Bark Place employee?

(Please circle) Yes No

What type of collar/harness works best for you and your parent?_____

How do you let others know when you need to go to the potty?

Do you know any of the following commands, and if so, please describe?

| Bathroom Signal |
|-----------------|
| |
| Sit |
| Stay |
| Down |
| Off |
| Heel/Walk |
| Drop |
| Other |

Do you have any reactions (esp. negative) to the following groups of people/animals? If so, please describe.

| | Dogs |
|-----|----------------------------|
| | Puppies |
| | Cats |
| | Men |
| | Women |
| | Children |
| | |
| you | have any leash aggression? |

Have you ever bitten someone (specify human/dog/other) while you were outside your home/off your property, If yes, did you display any warning signs?

Do



How do others know when you're stressed or concerned about a situation?

How do you handle playing with others? Do you share your toys or growl and/or bite?

| How soon before you get tired and bo | ed of playing with others and do you have signs that |
|--------------------------------------|--|
| indicate when you're done playing? _ | |

How are your table manners? Can other people and/or dogs approach you while food is out? _____

Do you like to run away, if yes what triggers it?

Are you frightened by noises? (Thunder, etc.)

What else upsets you? _____

| Have you had any formal training, if so, what type? | |
|---|--|
|---|--|

Health

| Veterinarian Name | | |
|-------------------|---------------|----------|
| Street Address | | |
| City | | |
| Phone Number () - | Fax Number () | <u>.</u> |
| Email Address | | |
| | | |
| Emergency Vet | | |
| Street Address | | |
| City | State | Zip Code |
| Phone Number () - | Fax Number () | - |
| Email Address | | |



| Emergency Information | | |
|----------------------------|----------------|--|
| Contact name | _ Relationship | |
| Home Phone () - Cell Phone | <u>() -</u> | |
| Email Address | | |

Please Note:

ALL dogs attending daycare and boarding must be current with the following vaccinations/tests and a copy of the vaccination/medical records must be provided for Bark Place to keep on file:

- Bordetella •
- Distemper
- Parvo •
- Rabies •
- Fecal test

Display of this notice is required by the city of Chicago Animal Care and Control

What should I bring for boarding?

- 1. Food/Treats: Please bring your dog's own food and treats stored in individually portioned baggies, one large baggie, or Tupperware like container. Ensure there is enough food for the duration of the stay, plus 2 days extra, in the event you are delayed picking up your dog. Please NO large plastic containers or whole bags of food (unless your dog is staying 14+ days). Provide any special instructions and ensure bags are clearly labeled.
- 2. Medication: Bark Place is happy to administer any pills, supplements, ointments, etc. for the duration of your pets stay. Please provide specific instructions and ensure labels are clearly labeled.
- 3. Blankets/Toys/Etc: Please do NOT bring any toys, towels, blankets, or other personal belongings. Blankets are provided by Bark Place ensuring that yours do not get dirty or misplaced. Some dogs may be possessive of or damage dog toys, therefore do not bring any toys from home. The dogs have an exercise bridge, plenty of space to run around and of course, each other to play with!

Thank you for your cooperation and attention to detail. This comprehensive guestionnaire helps us best determine how both pet and parent will enjoy Bark Place.

I certify the information provided in this guest profile is true and accurate.

Parent Signature Date