Como Barks & Rec, LLC

Doggy Daycare & Bark Bus Questionnaire

Owner Information

Owner Name: _____
Owner Address: _____
Phone Number: _____
Email Address: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____

Dog Information

Dog Name: _____
Breed(s): _____
Age: _____ Weight: _____ lbs
Sex: Male/Female Spayed/Neutered: Yes/No
How long have you owned your dog? _____

Veterinary Information

Clinic Name: _____
Veterinarian Name: _____
Clinic Phone Number: _____
Current on vaccinations? Yes/No
On flea/tick & heartworm prevention? Yes/No

Health History

Any known allergies? _____
Medications / recent illness (last 30 days): _____
_____

Behavior & Temperament

Behavior around other dogs/people: _____
Has bitten a person? Yes/No Explain: _____
Has bitten/injured a dog? Yes/No Explain: _____
Known triggers (men, hats, noises, toys, food, etc): _____
_____

Daycare Experience

Attended daycare before? Yes/No Where? _____
Any issues? Yes/No Explain: _____

Dismissed from daycare/boarding? Yes/No Explain: _____

Handling & Care

Handling reactions (crating, touching, etc): _____
_____

Bark Bus (if applicable)

My dog will use the Bark Bus: Yes/No
Pickup times: 7:30–8:30 Drop-off times: 4:00–5:00
Pickup instructions (where/how): _____
Drop-off instructions (location): _____

Feeding

Will your dog eat in our care? Yes/No
Food provided? Yes/No
Instructions: _____

Additional Notes

_____
_____

Owner Signature: _____ Date: _____

Please send up-to-date vaccination records to ComoBarks@gmail.com