



# Client Registration Form & Professional Services Agreement

Please complete the required fields below, sign, and submit a copy of this with your pet's medical vaccination records to: info@barknleash.com

BARK 'N' LEASH, LLC ("Bark 'N Leash") will provide professional services in accordance with its most current Policies and Procedures that can be found at <http://www.barknleash.com/#!/policies/citr>. By signing where indicated below, Client expressly agrees to such Policies and Procedures, which are incorporated herein by reference and expressly made a part of this Client Registration Form and Professional Services Agreement (this "Agreement").

Owner - Primary Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Owner - Secondary Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Where do you park? \_\_\_\_\_

Pet #1 Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Please confirm if pet #1 is neutered/spayed:  Yes  No Brand of flea & tick meds: \_\_\_\_\_

Pet #2 Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Please confirm if pet #2 is neutered/spayed:  Yes  No Brand of flea & tick meds: \_\_\_\_\_

Pet #3 Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Please confirm if pet #3 is neutered/spayed:  Yes  No Brand of flea & tick meds: \_\_\_\_\_

Veterinary Hospital/Clinic: \_\_\_\_\_

Regular Veterinarian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

When your pet(s) is/are left alone, are they:

Crated (Where is the crate located?) \_\_\_\_\_

Limited to a single room/area  Free run of the house

## Vaccination Requirements

Rabies, canine distemper and Bordetella vaccinations are requirements to be part of the pack at Bark 'N Leash. Additionally heart worm and flea and tick prevention are also required. *Please submit a current vaccination record for each of your pets when submitting this form. You will be required to send updated health records annually.*

## Emergency Contacts

Please recommend 2 people we can contact who you can count on to advocate for you in your absence should we not be able to reach you:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Vet Care

Bark 'N Leash treats your pet(s) as part of our family and will receive the best care. Despite our reasonable efforts to keep your pet safe, do you authorize us to take emergency actions should your pet(s) require it during our care?

Yes  No Is there a maximum amount you will spend in this instance? \_\_\_\_\_

By signing this you agree to allow us to seek emergency vet treatment while your pet is in our care. Costs arising from this are the responsibility of the owner(s).

Initials: \_\_\_\_\_

## Emergency Pet Guardianship

In the unlikely event you are not able to return or care for your pet, please identify your emergency Pet Guardian as identified in any end of life documents. \_\_\_\_\_

### FOR OFFICE USE ONLY:

3 Keys provided  Yes  No

Payment frequency/method confirmed  Yes  No

Vaccination record provided  Yes  No

Flea & tick meds confirmed  Yes  No

Policies and Procedures Form Provided  Yes  No

By Client:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

By: Bark 'N Leash, LLC

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_