



Owner Information

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HOW DID YOU HEAR ABOUT BARKALOUNGE? _____

GENERAL INFORMATION

FIRST NAME: _____ MIDDLE: _____ LAST: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL: _____ E-MAIL: _____

EMERGENCY CONTACT NAME: _____

PHONE: _____

NAME(S) OF INDIVIDUALS AUTHORIZED TO PICK UP MY DOG:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

VETERINARY INFORMATION

PRIMARY CLINIC: _____ DR: _____

ADDRESS: _____ PHONE: _____

DATE VERIFICATION REQUIRED FOR THE FOLLOWING:

RABIES: _____ BORDATELLA (6 month required): _____

FLEA PREVENTION: _____ DISTEMPER/PARVO (DHLPP): _____

HEARTWORM: _____

MY DOG IS SPAYED/NEUTERED: YES NO

IF ANSWER IS "NO", WHEN IS IT SCHEDULED?: _____

LIST ANY REGULAR MEDICATIONS YOUR DOG TAKES AND REASONS FOR TAKING:

I ACKNOWLEDGE THAT ALL ABOVE INFORMATION IS CORRECT:

SIGNATURE _____ DATE _____