



Client Intake Form

Thank you for helping make our recreation center a safe and fun place for all dogs and their owners!

Pet Owner/Client Information:

Name: _____ Mobile Number: _____ Cell provider: _____
Address: _____ Home Number: _____
City, State, Zip: _____, _____, _____ Work Number: _____
Email: _____ Alternate Contact Name: _____
Send appt reminders via email or text? (circle) Alternate Contact's Number: _____

Pet Information:

	<u>First Pet</u>	<u>Second Pet</u>	<u>Third Pet</u>
Pet Name:	_____	_____	_____
Breed:	_____	_____	_____
Age/Birth Date:	_____	_____	_____
Female/Male:	_____	_____	_____
Spay/Neuter?	Yes [] No []	Yes [] No []	Yes [] No []

Pets must be current on the following vaccinations. Please have copy of vaccination certificate at check in

*Rabies
*Distemper
*Parvo
*Bordetella

Veterinarian Name: _____
Clinic Name: _____
Veterinarian Phone: _____

Current Health Information:

Is your dog(s) on any current medication(s) and/or have any medical conditions we should be aware of? Yes [] No []
Details: _____

Does your dog(s) have any allergies (food or other), recent surgery's, injuries, seizures or diarrhea recently? Yes [] No []
Details: _____
May we give your dog(s) treats? (BCRC provides Made in the USA treats only) Yes [] No []

Assessment:

In a few short words, please describe each of your dog's personality:

Has any of your dog(s) attended doggy daycare before? Yes [] No []
If yes, Please explain each of your dog's behavior while in daycare: _____

Have you ever been asked to remove your dog(s) from daycare/has any of your dogs ever failed a behavioral assessment?
Yes [] No [] If yes, Please explain: _____



Where do you go to socialize your dog(s)? _____
Describe how your dog(s) play with other dogs: _____

Is your dog(s) possessive of toys? Yes [] No []
Have any of your dog's ever jumped a fence? Yes [] No [] If yes, how high was the fence? _____

Have any of your dog's ever been swimming before? Yes [] No [] If yes, please explain each of your dog's behavior in and around the water: _____

Please initial that you have received a copy, read, and understand the pool rules:

How did you hear about Barley's Canine Recreation Center? _____
Do we have your permission to email you with BCRC promotional information?(Holiday Parties, Fundraisers, Contests, Events, etc.) Yes [] No []
Note: BCRC will not share or sell your contact information. All information is confidential.
Do we have permission to post your dog(s) pictures on social media websites (Facebook, Barley's Website, etc.)Yes []No []
Are there any services, products or clinics that you would like Barley's to begin offering? _____

Owners Signature: _____ **Date:** _____

Please Fax or Email the signed intake form to:
Barley's Canine Recreation Center
2827 S. 2300 E.
SLC, UT 84109

Barleysreccenter@gmail.com
Fax: (801) 467-2219
Phone: (801) 467-6069
www.swimatbarleys.com