



Barking Oaks Pet Resort

GROOMING * TRAINING * BOARDING * DAYCARE

CLIENT INFORMATION

Last Name: _____ Frist Name: _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell #: _____ Other: _____ Home #: _____ Work#: _____

EMERGENCY CONTACT

Contact's Name: _____ Phone #: _____ Other: _____

VETERINARY INFORMATION

Clinic Name: _____ Dr. Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

PET INFORMATION

#1: Name: _____ Breed: _____ Color: _____ Male/Female
Weight: _____ Birth Date: ____ - ____ - ____ Physical Handicap: _____
#2: Name: _____ Breed: _____ Color: _____ Male/Female
Weight: _____ Birth Date: ____ - ____ - ____ Physical Handicap: _____
#3: Name: _____ Breed: _____ Color: _____ Male/Female
Weight: _____ Birth Date: ____ - ____ - ____ Physical Handicap: _____
#4: Name: _____ Breed: _____ Color: _____ Male/Female
Weight: _____ Birth Date: ____ - ____ - ____ Physical Handicap: _____

PHOTO RELEASE

By signing the photo release I, _____ grant permission to Barking Oaks Pet Resort for photography and film to be taken during the time my pet(s) stay at the facility. I understand that I have the right to decline this authorization; I also acknowledge the companies right to crop or treat the media at its discretion. I authorize that any media taken involving my pet, may be used as the company chooses, including distribution thru the internet and any other advertisement.

Print Name: _____ Owner Signature: _____ Date: _____

OFFICIAL USE : _____
