



info@BarkAroundBoston.com • 603-661-6763 • www.BarkAroundBoston.com

Owner(s): _____

Address: _____

Phone: (cell): _____ (Alt): _____

Invoice Email: _____

PETS (name, breed, sex, age, spayed/neutered?):

1. _____

2. _____

3. _____

Emergency Contact:

Name: _____

Address: _____

Phone: (cell): _____ (Alt): _____

Veterinarian:

Name: _____

Address: _____

Phone: (office): _____ (Fax): _____

Weekly Services Requested: _____

Days of week services are to be provided:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___By Request

Does your dog have off-leash privileges? _____

If so, where? _____ fenced-in park _____ any park

Has your pet ever bitten a person or animal? If so, please explain: _____

Location of Food/Treats: _____

Feeding Instructions: _____

Does your pet have any known allergies? _____

Location of Other Pet Supplies:

Leash: _____

Coats/Towels: _____

Medications: _____

Instructions for Medications: _____

Special Instructions/Idiosyncrasies: _____

I, _____, acknowledge and accept that my dog(s), _____, will be participating in walking, training and other related services provided by Danielle deWildt dba Bark Around Boston. These activities may involve encounters with members of the public, as well as, other dogs and animals not participating in Bark Around Boston services and activities. I understand that Bark Around Boston will strive to protect the safety of my dog, but there are many risks outside of Bark Around's control. These include, but are not limited to: injury or death to my dog caused by another animal, automobile or other source; provocation of my dog by another animal or dog, injury or death to another dog or animal, or a person, caused by my dog; property damage caused by my dog; ingestion of items causing injury or death to my dog. I understand it is Bark Around's goal to provide a safe and fun experience for my dog, but inherent risks still exist. I, also, understand it is my responsibility to be forward and truthful in disclosing any past history of illness, disease, or aggressive behavior my dog may have.

In the event of injury or illness involving my dog, I authorize Bark Around to administer CPR or first aid and/or seek medical treatment if deemed necessary. I agree that I am financially responsible for any such medical treatment. I authorize Bark Around to seek treatment for my dog at Mass Veterinary Referral in Woburn, MA.

Danielle deWildt dba Bark Around Boston (furthered referred to as BAB) hereby agrees to provide services for the dog(s) listed above. Services are to be performed in accordance with instructions outlined herein. The client waves any claims against BAB except if BAB fails to provide the services as agreed. If payment is not made within 30 days of the invoiced due date, services agreed upon will discontinue until all payments are made in full.

Signature: _____ Date: _____

How did you hear about Bark Around? _____

Office use:

of keys provided: _____

Rabies cert: _____

Kennel Cough: _____

DHLPP: _____