



# CUSTOMER PROFILE

We are extremely pleased that you have chosen to use our facility for your dog(s) daycare needs. We are more than confident that you and your dog will find our services just what you are looking for. It is very important that you provide all of the information below so that we have the correct contact information on file. If any information below changes at any time, please contact us so we may update your records.

## Owner #1 Information:

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Owner #2 Information:

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I do not have a second owner to add to my dog's file.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact:

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I do not have an emergency contact to add to my dog's file.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Dog #1 Information:

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Dogs Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D YYYY

Age: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ If No, please explain why: \_\_\_\_\_

## Dog #2 Information:

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I do not have a second dog to add to my file.

Dogs Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D YYYY

Age: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ If No, please explain why: \_\_\_\_\_

## Veterinarian Information:

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Name of Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

## Vaccinations:

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**A copy of your dog(s) vaccination records is required from your vet's office. Please attach a copy to the email when sending your complete form to BFDA. This is to confirm dates vaccination were received and to protect all of our clients at the daycare. – Thank you!**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies – REQUIRED                      \_\_\_\_/\_\_\_\_/\_\_\_\_ Flea & Tick Control – REQUIRED only in certain seasons  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Bordetella - REQUIRED                      \_\_\_\_/\_\_\_\_/\_\_\_\_ Leptospirosis – NOT REQUIRED but recommended  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Distemper - REQUIRED

**Please answer all questions to your best ability. This questionnaire helps BFDA staff make sure your dog(s) has a safe and happy visit while in our care! If you have any questions or concerns before answering, please advise a BFDA staff member!**

# BEHAVIOUR PROFILE

How long have you had your dog? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_ Is your dog house trained? \_\_\_\_\_

Does your dog have any obedience training? \_\_\_\_\_

Are there children in your household? \_\_\_\_\_ If YES, How many? \_\_\_\_\_ Ages? \_\_\_\_\_

Is there any **PERSON**, type of **DOG** or **SITUATION** your dog seems uncomfortable with? \_\_\_\_\_

If YES, please describe the situation; \_\_\_\_\_

Has your dog ever **GROWLED** at or **BITTEN** another **PERSON** or **DOG**? \_\_\_\_\_

If YES, please describe the situation; \_\_\_\_\_

Is your dog frightened by any noises? \_\_\_\_\_

If YES, please describe the situation; \_\_\_\_\_

Is your dog comfortable around **ALL SIZES** of dogs? \_\_\_\_\_

Has your dog ever been to a dog daycare or a boarding facility before? \_\_\_\_\_

If YES, where has your dog been before? \_\_\_\_\_

Would you like your dog to be fed during daycare? \_\_\_\_\_

**If YES, please provide your dog's food in a PLASTIC BAG with your pet's NAME on side of bag.**

What brand of dog food is your dog on? \_\_\_\_\_

Does your dog have any allergies or other conditions? \_\_\_\_\_

If YES, please describe the situation; \_\_\_\_\_

Are you able to take food item(s) away from your dog without him/her growling? \_\_\_\_\_

Does your dog share well with other dogs? \_\_\_\_\_

Has your dog ever socialized with a large group of dogs before? (8 or more): \_\_\_\_\_

How much exercise does your dog receive in a week? \_\_\_\_\_

Does your dog have any sensitive areas on his/her body? \_\_\_\_\_

If YES, please describe the situation; \_\_\_\_\_

Does your dog have any past injuries or current conditions we should know about? \_\_\_\_\_

If YES, what are the restrictions you wish to put on your dog's playtime? \_\_\_\_\_

Has your dog ever jumped a fence before? \_\_\_\_\_ If YES, How high? \_\_\_\_\_ What type of fence? \_\_\_\_\_

**Signing below you are agreeing that all information you have disclosed is accurate and correct.  
This information and history allows BFDA staff to keep your dog and others safe while in our care.**

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**BFDA Staff section:**

BFDA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# LIBAILITY WAVER

At Bowlin Farms Doggie Adventures, we will always exercise reasonable care of the dogs staying in our care. As the owner, you acknowledge and understand that your dog will co-mingle with the other dogs, and as a result your dog may acquire small cuts, scrapes, or other minor injuries in the course of normal dogs playing. We are always monitoring the area and playing as it is going on. However, you as the owner are relinquishing any claims against Bowlin Farms Doggie Adventures and its officers, employees, owners, and agents. Except those claims or related incidents that the dog was not in fault and is in need of medical attention by another dog. We are not liable for any random acts or self-inflicted injuries that your dog has or may inflict on him/herself while in our care. If your dog is in need of medical attention, it will be up to the officers, employees or agents at Bowlin Farms Doggie Adventures to indicate how the dog needs to be medically treated. All officers, employees or agents have animal first aid certificates where they are trained to their best abilities to treat your dog with the appropriate care at that time. You as the owner will always be notified to the best of our ability if an event ever happens that your dog needs medical attention.

**In an event that \_\_\_\_\_ inflicts pain on another dog.**  
(Dog's name)

I, \_\_\_\_\_ **am responsible for the other dog's full medical bills.**  
(Owner's name)

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

In an event that your dog is the one that is in need of medical attention. We will contact the owner to the best of our ability. We will also contact the other dog(s) owners making sure they are aware of the bills that they are needed to cover.

At the farm our staff is always out with the dogs when they are playing in the yard. Always being supervised we are aware of everything that happens when the dogs are playing. We strive to make sure that all play is safe and positive.

All packages purchased for your dog(s) are non-refundable for all circumstances that may occur.

**As you sign below you are aware of and agreeing to the terms listed above of the terms used if an event ever occurs while your dog is in our care at the farm.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**BFDA Staff section:**

BFDA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_