

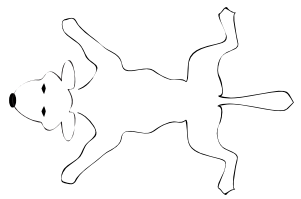
address _____

Clip \$ _____
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Home Phone _____
 Cell Phone _____
 Work: Mr. _____ Mrs. _____
 Email _____
 Referred By _____
 Breed _____ Size _____
 Name _____ M F Neut
 Color _____ Birthdate _____
 Vet _____ Phone _____
 Vaccinations _____
 Medical Problems _____

Special Instructions:

- B - Burn sensitive area
- X - Moles, Warts
- O - Old injury, arthritis



- All that Apply
- Easy
 - Fair
 - Difficult
 - Biter
 - Cage Soiler
 - Noisy
 - Shy
 - Check Anals
 - Check Ears
 - Burns Easily
 - Blind
 - Deaf
 - Diabetic
 - Epileptic
 - Shy

In event of an emergency, I authorize this establishment, The Barking Spa Inc., to provide necessary treatment for my pet at my expense

_____ date _____ Signature

Barking Spa