



Camper Questionnaire

Camper's Parent Information

Name: _____

Phone: _____

Address: _____

Cell Phone: _____

City/State/Zip: _____

Work Phone: _____

E-mail Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you hear about Bark Avenue Daycamp? _____

Camper's Information

Name: _____ Age: _____ Birth Date: _____

Male/Female: _____ Spayed/Neutered: _____ Weight (lbs): _____

(Note: We require all dogs to be fixed once they are over the age of one year old.)

Breed: _____ Color: _____

Food Allergies: No Yes, please list _____

Veterinarian Information

Clinic Name: _____ Phone: _____

Clinic Address: _____

Bark Avenue Daycamp
1540 Hecht Dr
Bartlett, IL 60103

Phone: 630-289-8470
Fax: 630-524-907
Barkavenueinfo@gmail.com