

# CAMP CANINE ENROLLMENT APPLICATION

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## MOM AND DAD INFO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

CREDIT CARD # (MC/VISA ONLY): \_\_\_\_\_ EXP: \_\_\_\_\_

E-MAIL ADDRESS/ES (OPTIONAL): \_\_\_\_\_

## KITTY INFO:

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

MALE: \_\_\_\_\_ NEUTERED: YES: \_\_\_\_\_ NO: \_\_\_\_\_ FEMALE: \_\_\_\_\_ SPAYED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

BRAND OF FOOD: \_\_\_\_\_ CANNED: \_\_\_\_\_ DRY: \_\_\_\_\_

HOW MUCH: \_\_\_\_\_ TIMES FED PER DAY: \_\_\_\_\_ AM: \_\_\_\_\_ PM: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (FAMILY OR FRIENDS):

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

PLEASE LIST ANYONE WHO HAS PERMISSION TO PICK UP YOUR DOG(S) OTHER THAN THE

NAME LISTED ABOVE: \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## VETERINARY INFORMATION:

NAME: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

Phone:  
Boca Raton: (561) 392-9099  
Fort Lauderdale: (954) 763-4111



Fax:  
Boca Raton: (561) 392-3320  
Fort Lauderdale: (954) 763-3111

# CAT PROFILE

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DOES YOUR CAT HAVE ANY MEDICAL CONDITIONS OR ALLERGIES?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

IS YOUR CAT DECLAWED?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

WHAT FORM OF FLEA AND TICK CONTROL DO YOU USE? \_\_\_\_\_

IS YOUR CAT PERMITTED TO HAVE TABLE FOOD?

ALWAYS: \_\_\_\_\_ SOMETIMES: \_\_\_\_\_ NEVER: \_\_\_\_\_

WHERE DOES YOUR CAT STAY?

INDOORS: \_\_\_\_\_ OUTDOORS: \_\_\_\_\_ BOTH: \_\_\_\_\_

HAS YOUR CAT BEEN TESTED FOR FELINE LEUKEMIA?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, WHAT WERE THE RESULTS? \_\_\_\_\_

HAS YOUR CAT BEEN TESTED FOR FELINE AIDS?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, WHAT WERE THE RESULTS? \_\_\_\_\_

DESCRIBE YOUR CAT'S TEMPERAMENT: \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CAT LIKE OTHER CATS?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ SIBLINGS ONLY: \_\_\_\_\_

DOES YOUR CAT HAVE A HISTORY OF BITING?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE LIST ANY SPECIAL INSTRUCTIONS FOR YOUR CAT: \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

RADIO: \_\_\_\_\_ TV: \_\_\_\_\_ NEWSPAPER: \_\_\_\_\_ IN YELLOW PAGES: \_\_\_\_\_ INTERNET: \_\_\_\_\_

FAMILY/FRIEND: \_\_\_\_\_ BARNEY THE BUS: \_\_\_\_\_ WORD OF MOUTH: \_\_\_\_\_ DRIVE BY: \_\_\_\_\_

OTHER: \_\_\_\_\_

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# CAMP CANINE CLIENT AGREEMENT

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THIS IS A CONTRACT BETWEEN "CAMP CANINE" AND PET OWNER(S)

1. OWNER AGREES TO PAY THE RATE FOR BOARDING, GROOMING, AND DAYCARE ON THE DATE THE PET IS CHECKED IN TO CAMP CANINE.
2. OWNER FURTHER AGREES TO PAY ALL COSTS AND CHARGES FOR ANY AND ALL SERVICES NEEDED OR REQUESTED, INCLUDING, BUT NOT LIMITED TO, ANY AND ALL VETERINARY COSTS FOR THE PET DURING THE TIME THE PET IS IN OUR CARE, AND ANY VETERINARY COSTS INCURRED DUE TO THE PET'S STAY. OWNER FURTHER AGREES THAT THE PET SHALL NOT LEAVE THE KENNEL UNTIL ALL CHARGES INCURRED ARE PAID TO CAMP CANINE BY OWNER.
3. BY SIGNING THIS CONTRACT AND LEAVING PET WITH CAMP CANINE, OWNER CERTIFIES TO THE ACCURACY OF ALL INFORMATION GIVEN ABOUT SAID PET.
4. IT IS EXPRESSLY AGREED BY THE OWNER AND CAMP CANINE THAT CAMP CANINE'S LIABILITY SHALL IN NO EVENT EXCEED THE LESSER OF CURRENT CHATTEL VALUE OF A PET OF THE SAME BREED OR SPECIES OR THE SUM OF \$200.00 PER ANIMAL. THE OWNER FURTHER AGREES TO BE SOLELY RESPONSIBLE FOR ANY AND ALL ACTS OR BEHAVIOR OF SAID PET WHILE IN THE CARE OF CAMP CANINE.
5. OWNER SPECIFICALLY REPRESENTS THAT HE OR SHE IS THE SOLE OWNER OF THE PET, FREE OF ALL LIENS AND ENCUMBRANCES.
6. OWNER SPECIFICALLY REPRESENTS TO CAMP CANINE THE PET HAS NOT BEEN EXPOSED TO RABIES OR DISTEMPER WITHIN A THIRTY DAY PERIOD PRIOR TO ANY STAY.
7. I AGREE, IF MY PET SHOWS ANY SIGNS OF FLEAS OR TICKS DURING ITS STAY, THAT CAMP CANINE MAY BATHE MY PET AND I WILL BE CHARGED ACCORDINGLY (SEE GROOMING PRICES).
8. IF PET BECOMES ILL OR IF STATE OF THE ANIMAL'S HEALTH OTHERWISE REQUIRES PROFESSIONAL ATTENTION, CAMP CANINE, IN ITS SOLE DISCRETION, MAY ENGAGE THE SERVICES OF A LOCAL VETERINARIAN OR PROVIDE APPROPRIATE MEDICAL ATTENTION TO THE ANIMAL AND ANY AND ALL EXPENSES THEREOF SHALL BE PAID BY THE OWNER.
9. THIS CONTRACT CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES. ALL TERMS AND CONDITIONS OF THIS CONTRACT SHALL BE BINDING ON THE HEIRS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND ASSIGNS OF THE OWNER AND CAMP CANINE.
10. I UNDERSTAND THAT DURING ANY AND ALL HOLIDAYS MY DEPOSIT FOR BOARDING IS NON-REFUNDABLE AND CAN ONLY BE USED AS A CREDIT TOWARD FUTURE BOARDING AND/OR DAYCARE.
11. I AM AWARE THAT BY LEAVING MY DOG(S) AT CAMP CANINE, OR ANY OTHER PET FACILITY, THEY ARE AT A HIGHER RISK OF CONTRACTING KENNEL COUGH OR OTHER VIRUSES. ALTHOUGH ALL OF THE DOGS ARE REQUIRED TO BE VACCINATED, NO VACCINE IS 100% GUARANTEED. THERE ARE SOME STRAINS OF KENNEL COUGH NOT COVERED BY THE BORDETELLA VACCINE. I UNDERSTAND I WILL BE RESPONSIBLE FOR ANY AND ALL MEDICAL BILLS INCURRED TO MY DOG(S) ILLNESSES.

I, MY HEIRS AND ANY ASSIGNS HEREBY RELEASE CAMP CANINE, ITS AGENTS, OFFICERS, SUBCONTRACTORS, EMPLOYEES, ANIMAL OWNERS, CUSTOMERS AND POTENTIAL CUSTOMERS OF CAMP CANINE FROM ANY AND ALL LIABILITIES FOR INJURIES TO MYSELF, MY PET OR ANY OTHER PROPERTIES OF MINE WHICH ARISE IN ANY WAY OUT OF SERVICES AND/OR PRODUCTS PROVIDED BY OR AS A CONSEQUENCE OF MY ASSOCIATION WITH CAMP CANINE. I ACKNOWLEDGE AND UNDERSTAND THAT EVERY PET REACTS DIFFERENTLY AND THAT ANIMALS, BY NATURE, ARE UNPREDICTABLE. DOGS AND CATS MAY, WITHOUT WARNING, BITE OR CAUSE INJURY TO HUMANS AND OTHER PETS. I ACKNOWLEDGE AND UNDERSTAND THAT THERE ARE CERTAIN RISKS INVOLVED IN PET OWNERSHIP, TRAINING AND CARE, INCLUDING, BUT NOT LIMITED TO, DOG AND CAT FIGHTS, DOG AND CAT BITES TO HUMANS AND/OR OTHER PETS AND THE TRANSMISSION OF DISEASE. WITH MY SIGNATURE BELOW, I UNDERSTAND THE RISK INVOLVED IN PUTTING MY DOG IN A CAGELESS ENVIRONMENT AND ACKNOWLEDGE AND ACCEPT EXCLUSIVE AND SOLE RESPONSIBILITY FOR ALL MEDICAL EXPENSES TO MY PET NO MATTER THE CAUSE. I ALSO AUTHORIZE THE RELEASE OF SAID PET'S MEDICAL RECORDS FROM MY VETERINARIAN.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*PLEASE DO NOT EMAIL ENROLLMENT FORM. TURN IN VIA FAX, REGULAR MAIL OR WALK IN.*