



Dog Enrollment Application

OWNER INFO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

CELL PHONE: _____ WORK PHONE: _____

HOME PHONE: _____ OTHER PHONE: _____

EMAIL: _____ EMPLOYER: _____

DRIVERS LICENSE #: _____ STATE ISSUED _____

EMERGENCY CONTACT INFORMATION (FAMILY OR FRIEND):

NAME: _____

CELL PHONE: _____ WORK PHONE: _____

HOME PHONE: _____ OTHER PHONE: _____

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

NAME LISTED ABOVE: _____, _____

DOGGIE INFO:

NAME: _____ BREED: _____

WEIGHT: _____ COLOR: _____ AGE: _____ BIRTHDAY (MM/DD/YY): _____

SEX: MALE: NEUTERED: YES NO FEMALE: SPAYED: YES NO

MICROCHIP/TATTOO # _____ COMPANY: _____
(CAMP CANINE RECOMMENDS YOUR PET BE MICROPCHIPPED AND/OR TATTOOED)

FEEDING INSTRUCTIONS: WE REQUIRE THAT ALL OWNERS PROVIDE THEIR OWN PET'S FOOD. EACH MEAL SHOULD BE INDIVIDUALLY PACKAGED INTO BAGGIES AND LABELED WITH THE PET'S FIRST AND LAST NAME. LARGE CONTAINERS OR BAGS OF DOG FOOD SHOULD ONLY BE PROVIDED FOR DOG'S STAYING 2 WEEKS OR LONGER AND MUST BE PROVIDED IN A PLASTIC CONTAINER WITH A SEALING LID. CAMP CANINE IS ABLE TO SUPPLY OUR HOUSE FOOD FOR AN ADDITIONAL FEE IF NEEDED.

BRAND OF FOOD: _____ CANNED: DRY:

AMOUNT FED PER MEAL: AM: _____ PM: _____

CAN YOUR SIBLING DOGS EAT TOGETHER IN THE SAME KENNEL? _____
(IF THEY CANNOT EAT TOGETHER, THEY WILL NOT BE ABLE TO BOARD IN THE SAME KENNEL)

DOG PROFILE

DOG HISTORY:

LIST ANY MEDICAL CONDITIONS OR ALLERGIES THAT YOU'RE PET HAS? _____

WOULD THESE CONDITIONS POTENTIALLY MERIT YOUR DOGS ACTIVITIES DURING ITS STAY?
NO/ YES. IF YES, PLEASE EXPLAIN: _____

DESCRIBE YOUR DOGS TEMPERAMENT: _____

DESCRIBE ANY BEHAVIORIAL PROBLEMS: _____

DOES YOUR DOG HAVE ANY HISTORY OF BITING, GROWLING OR SNAPPING AT ANY PERSON OR
DOG? NO: ____ YES: ____ IF YES, PLEASE EXPLAIN: _____

DOES YOUR DOG HAVE ANY SENSITIVE AREAS ON HIS/HER BODY? NO: _____ YES : _____
IF YES, PLEASE EXPLAIN: _____

HOW DID YOU OBTAIN YOUR PET?: _____

HAS YOUR PET BEEN CRATE TRAINED? NO: _____ YES: _____

CAN YOUR DOG JUMP A SIX FOOT FENCE? NO: _____ YES: _____ UNSURE: _____

WHAT FORM OF FLEA & TICK CONTROL DO YOU USE?: _____

HOW LONG HAS YOUR PET BEEN IN YOUR FAMILY? _____

HAS YOUR DOG EVER BEEN IN ANY OTHER TYPE OF SOCIAL ENVIRONMENT PRIOR TO CAMP
CANINE? NO/YES, IF YES EXPLAIN _____

PLEASE LIST ANY SPECIAL INSTRUCTIONS FOR YOUR DOG: _____

DOG PROFILE

HOW DID YOU HEAR ABOUT US?

RADIO____ DEAL OF THE DAY____ YELLOW PAGES____ INTERNET____ FAMILY/FRIEND____

BARNEY THE BUS/ SHELBY THE SHUTTLE _____ DRIVE BY _____ INSTAGRAM _____ FACEBOOK _____

OTHER (EXPLAIN) _____

VETERINARY INFORMATION:

NAME: _____ PHONE #: _____

CITY/STATE/ZIP: _____

CAMPER POLICIES & REQUIREMENTS

All daycare, grooming & boarding campers attending Camp Canine must remain current on Rabies, Distemper, Parvo and Bordetella vaccines. Dogs not current according to owner provided vaccination histories may either be denied access to camp or pay a fee accordingly for bus/shuttle service to Camp Canine's veterinarian of choice to receive updated vaccines.

All boarding reservations require a 50% deposit in order to confirm space. Holidays and Hurricane deposits are non-refundable. In case of a cancellation, deposits will stay on file with us for future credit to be used towards daycare, boarding, grooming, bathing, and retail in Camp Canine.

Pets having symptoms of diarrhea, vomiting, coughing and/or sneezing should not be brought to camp. These symptoms may be easily spread to other customers. If your pet has any of these please contact your veterinarian for treatment and keep your pet at home until he/she is feeling better.

For safety reasons all guests must be on leash or in a carrier while entering and departing our lobby. Dog interaction is not recommended between dogs on leash while in our lobby. We will properly introduce all dogs in our assigned off-leash areas.

All campers must be spayed or neutered by 7 months of age in order to participate in Doggie Daycare.

All campers must be picked up by the end of business hours. Campers picked up after closing will be charged a late fee per minute during the first 30 minutes. Campers left later than 30 minutes after closing time must board for the night, and extra boarding & meal charges will be the responsibility of owner.

All campers must pass a three hour temperament evaluation. It is recommended that this be done prior to overnight boarding and in some cases, required. For safety reasons, even campers who have passed an evaluation may be excluded from daycare activities if deemed necessary by the staff during future visits.

CAMP CANINE CREDIT CARD AUTHORIZATION Page 4 of 5 (SIGNATURE ON FILE)

I HEREBY AUTHORIZE CAMP CANINE, IN ITS SOLE DISCRETION, TO OBTAIN VETERINARY CARE FOR MY PET IN THE EVENT OF ILLNESS AND/OR INJURY BY A LOCAL VETERINARIAN OF CAMP CANINE'S CHOICE. I DO UNDERSTAND THAT CAMP CANINE WILL ATTEMPT TO NOTIFY ME, BUT IS PERMITTED TO SEEK VETERINARY CARE FOR PET WHETHER THEY REACH ME OR NOT. VETERINARY COSTS INCURRED FOR MY PET IS MY SOLE RESPONSIBILITY. I HEREBY AUTHORIZE THE USE OF MY CREDIT CARD FOR SAID PURPOSE, AS WELL AS OTHER CREDIT CARDS THAT MAY NOT BE LISTED HERE.

I ALSO AUTHORIZE CAMP CANINE TO CHARGE MY CREDIT CARD FOR ANY AND ALL SERVICES RENDERED FOR MY PETS' STAY INCLUDING, BUT NOT LIMITED TO, BOARDING, DAYCARE, GROOMING, BATHING & VETERINARY CARE.

****SHOULD ACCOUNT NOT BE PAID, THE CLIENT/PET OWNER ASSUMES ALL COSTS OF COLLECTION, INCLUDING, BUT NOT LIMITED TO COURT COSTS, INTEREST AND LEGAL FEES. ****

VISA _____ MASTERCARD _____

CREDIT CARD #: _____

EXPIRATION DATE: _____

This release does not eliminate the need for presenting the card upon times when pet owner is physically present.



Boca Raton Info:
Phone #: (561) 392-Bark (2275)
Fax #: (561) 392-3320
Boca@CampCanineFlorida.com

Ft. Lauderdale Info:
Phone #: (954) 468-Bone (2663)
Fax #: (954) 763-3111
Ftlaud@CampCanineFlorida.com

Hollywood Info:
Phone #: (954) 925-Bark (2275)
Fax #: (954) 925-2289
Hollywood@CampCanineFlorida.com

Margate Info:
Phone #: (954) 971-0007
Fax #: (754) 307-1128
Margate@CampCanineFlorida.com

This is a contract between "CAMP CANINE" and PET OWNER(S), "OWNER". This contract includes this pet and any future pets that OWNER(S) brings to CAMP CANINE for services.

1. OWNER agrees to pay a 50% deposit for all boarding reservations at the time the reservation is made and the cost for boarding, grooming, and daycare is due IN FULL on the day the pet is checked into CAMP CANINE.
2. OWNER further agrees to pay all costs and charges for all services needed, including but not limited to any and all veterinary costs for the pet during the time the pet is in our care. Some illnesses or injuries may go unnoticed and some signs of illness may occur after your pet arrives home. OWNER agrees to pay for all medical expenses that may arise. OWNER further agrees that the pet shall not leave CAMP CANINE 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. OWNER agrees that if pet shows any signs of fleas or ticks during its stay, that CAMP CANINE may bathe pet and OWNER will be charged accordingly (see grooming/bath 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. OWNER understands that during any and all holidays & hurricanes, deposit required for reservation is non-refundable and if reservation is cancelled or shortened FOR ANY REASON, deposit can only be used as credit towards future CAMP CANINE services.
11. OWNER is aware that by leaving pet(s) at CAMP CANINE, or any other pet facility, that they are at a higher risk of contracting kennel cough, viruses, illnesses or injuries. Although all pets 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 pet(s) for illnesses or injuries during or after its stay.
12. OWNER is aware that there are certain health issues that can arise during and after boarding & daycare including but not limited to, diarrhea, excessive salivation, raw pads, weight loss and hoarseness from continued barking. Some dogs may refuse water which can lead to dehydration. CAMP CANINE monitors all dogs and addresses all situation's to the best of our ability.

I, my heirs, and any assigns, hereby release CAMP CANINE, it's 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 property 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 while boarding and that animals, by nature, are unpredictable. Pets and animals may, without warning, bite or cause injury to humans and other pets. I acknowledge and understand that there are certain risks involved in leaving my pet in a cageless environment, including but not limited to dog and cat fights, dog and cat bites to humans or other pets and the transmission of disease. With my signature below I acknowledge and accept exclusive and sole responsibility and agree to pay for my own pet's medical expenses no matter the cause. I also authorize the release of said pets' medical records from my veterinarian.

SIGNATURE: _____ **DATE:** _____