









Enrollment Application



MOM AND DAD INFO:

 NAME: _____ 

ADDRESS: _____ STATE/ZIP _____


 HOME PHONE: _____ WORK PHONE: _____ 


 CELL PHONE: _____ OTHER PHONE: _____ 

 EMAIL: _____ EMPLOYER: _____ 



DRIVERS LICENSE #: _____ STATE ISSUED _____

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:** Camp Canine requests 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. 



 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: _____ 

 SPECIAL INSTRUCTIONS: _____ 


EMERGENCY CONTACT INFORMATION (FAMILY OR FRIEND):

 NAME: _____ 

 HOME PHONE: _____ WORK PHONE: _____ 

 CELL PHONE: _____ OTHER PHONE: _____ 

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

 NAME LISTED ABOVE: _____, _____ 

Boca Raton Info:
Phone #: (561) 392-Bark
Fax #: (561)392-3320

Hollywood Info:
Phone #: (954) 925-Bark
Fax #: (954) 925-2289

Ft. Lauderdale Info:
Phone #: (954) 763-Bone
Fax #: (954) 763-3111

DOG PROFILE

VETERINARY INFORMATION:

NAME: _____ PHONE #: _____

CITY/STATE/ZIP: _____

LIST ANY MEDICAL CONDITIONS OR ALLERGIES THAT YOUR PET HAS? _____

WOULD THESE CONDITIONS POTENTIALLY MERIT YOUR DOGS ACTIVITIES DURING ITS STAY?

IF YES, PLEASE EXPLAIN: _____

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

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

HOW LONG HAS YOUR PET BEEN IN YOUR FAMILY? _____

IS YOUR DOG HOUSE TRAINED? YES: ____ NO: ____ SOMETIMES: ____

HAS YOUR DOG EVER BEEN IN ANY OTHER TYPE OF SOCIAL ENVIRONMENT PRIOR TO CAMP CANINE?

EXPLAIN _____

PLEASE LIST ANY SPECIAL COMMANDS YOUR DOG KNOWS: _____

DESCRIBE YOUR DOGS TEMPERAMENT: _____

DESCRIBE ANY BEHAVIORIAL PROBLEMS: _____

DOES YOUR DOG HAVE ANY HISTORY OF BITING? NO: ____ YES: ____ IF YES, PLEASE

EXPLAIN: _____

HAS YOUR DOG EVER GROWLED OR SNAPPED AT ANYONE WHO HAS TOUCHED HIS/HER FOOD

OR TOYS? YES: ____ NO: ____

DOES YOUR DOG HAVE ANY SENSITIVE AREAS ON HIS/HER BODY? YES: ____ NO: ____

IF YES, PLEASE EXPLAIN: _____

HOW DID YOU OBTAIN YOUR PET: _____

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

WHAT TYPE OF TRAINING TECHNIQUES DO YOU INCORPORATE AT HOME? _____

PLEASE LIST ANY SITUATIONS/OBJECTS/SOUNDS THAT HAVE FRIGHTENED YOUR DOG. _____

PLEASE LIST ANY SPECIAL INSTRUCTIONS FOR YOUR DOG: _____

HOW DID YOU HEAR ABOUT US?:

RADIO _____ TV _____ NEWSPAPER _____ YELLOW PAGES _____ INTERNET _____

FAMILY/FRIEND _____ BARNEY THE BUS/ SHELBY THE SHUTTLE _____ DRIVE BY _____

OTHER (EXPLAIN) _____

CAMPER POLICIES & REQUIREMENTS

All campers must remain current on Rabies, Distemper, Parvo and Bordetella vaccines to participate in cageless daycare and overnight boarding. 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 available 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 daycare. 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 Doggy Daycare.

All campers must be picked up by the end of business hours. Campers picked up after closing will be charged a late fee of \$25 for the first 30 minutes. Campers left later than 30 minutes after closing time must board for the night and extra boarding 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.

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CAMP CANINE CLIENT AGREEMENT



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



1. OWNER AGREES TO PAY THE COST FOR BOARDING, GROOMING, AND DAYCARE ON THE DATE THE PET IS CHECKED INTO CAMP CANINE.



2. OWNER FURTHER AGREES TO PAY ALL COSTS AND CHARGES FOR SPECIAL SERVICES REQUESTED, INCLUDING BUT NOT LIMITED TO ANY AND ALL VETERINARY COSTS FOR THE PET DURING THE TIME THE PET IS IN OUR CARE. 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 LEINS AND ENCUMBRANCES.



6. OWNER SPECIFICALLY REPRESENTS TO CAMP CANINE THE PET HAS NOT BEEN EXPOSED TO RABIES OR DISTEMBER 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 IT'S 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, DEPOSIT REQUIRED FOR RESERVATION IS NON-REFUNDABLE AND 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 OR OTHER VIRUSES. ALTHOUGH ALL PETS ARE REQUIRED TO BE VACCINATED, NO VACCINE IS 100% GAURANTEED. 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) ILLNESSES.

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, AND HOARSNESS 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 SERVIES 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. DEPOSITS FOR CANCELLED RESERVATIONS DURING ALL HOLIDAYS AND HURRICANES ARE NON-REFUNDABLE AND WILL BE USED AS A CREDIT TOWARDS FUTURE DAYCARE OR BOARDING.

SIGNATURE: _____ DATE: _____



CAMP CANINE CREDIT CARD AUTHORIZATION Page 5 of 5

SIGNATURE ON FILE

I, _____ HERBY AUTHORIZE CAMP CANINE TO SEEK AND OBTAIN VETERINARY CARE FOR MY PET IN THE EVENT OF ILLNESS AND/OR INJURY. I DO UNDERSTAND THAT CAMP CANINE WILL ATTEMPT TO NOTIFY ME IN THE EVENT OF ANY MEDICAL EMERGENCY, ILLNESS, AND/OR INJURY, HOWEVER, ANY VETERINARY COSTS INCURRED IS MY SOLE RESPONSIBILITY. I HERBY AUTHORIZE THE USE OF MY CREDIT CARD FOR SAID PURPOSE.

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

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

VISA _____ MASTERCARD _____

CREDIT CARD # _____

EXPIRATION DATE: _____

SIGNATURE: _____

PRINT NAME: _____

TODAY'S DATE: _____

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



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