

Camp Canine Dog Care Agreement

Owner(s) Information:

Owner Name: _____ 2nd Owner Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Home Phone: _____ Work Phone: _____
 Owner 1 Cell Phone: _____ Owner 2 Cell Phone: _____
 Emergency Contact: _____ #: _____

How did you hear about us: (circle all that apply)?

-Web Search -Driving By -Yelp -Friend Referral Name: _____

Dog(s) Information:

Name: _____ Age: _____ DOB: _____ Color: _____ Breed: _____ Weight: _____ Sex: (circle one) -Male -Neutered -Female -Spayed _____ Allergies? YES NO Specify: _____ Medication: YES NO Health Conditions or Sickness? YES NO Explain: _____ _____ Physical Limitations: _____ _____ Crate Trained? YES NO Feeding: AM Noon PM Special Feeding info: _____	Name: _____ Age: _____ DOB: _____ Color: _____ Breed: _____ Weight: _____ Sex: (circle one) -Male -Neutered -Female -Spayed _____ Allergies? YES NO Specify: _____ Medication: YES NO Health Conditions or Sickness? YES NO Explain: _____ _____ Physical Limitations: _____ _____ Crate Trained? YES NO Feeding: AM Noon PM Special Feeding info: _____
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Veterinary Clinic: _____ # _____

Vaccinations Required: Rabies, Distemper & Bordatella

What things are your dog(s) afraid of or feel threatened by? (Loud noises, People, Gender, Age, Clothing etc.?) _____

Have your dog(s) boarded/daycare elsewhere? YES NO If yes, where: _____

Anything else we might need to know about your dog that isn't stated above? _____

Terms and Conditions:

I, _____, As the legal owner of the above dog(s), having carefully read and understand the agreement, do hereby grant Camp Canine it's owners, employees, contractors and/or agents permission to take all action necessary to secure the well-being and health of the above dog (s) including any medical attention deemed necessary. I agree to reimburse Camp Canine for any damage caused by my dog(s) while at Camp Canine. I do hereby release Camp Canine, its owners, employees, and/or agents from all liability, including financial reparations of any nature. This includes any injury, sickness, death or damage my dog(s) may suffer while at Camp Canine. I also agree to indemnify and hold harmless Camp Canine, its owners, employees, contractors and/or agents from all claims due to any damage the dog (s) may cause to any family members or third parties during or after being at Camp Canine. If Camp Canine, it's owners, employees, contractors and or agents deems it necessary to employ legal counsel to protect their rights under this agreement, the owner/agent of the dog(s) agrees to pay all expenses incurred by Camp Canine, it's owners, employees, contractors and/or agents to enforce their rights under this agreement, including but not limited to costs and reasonable attorney fees. I understand that my dog(s) may suffer from some short-term diarrhea, vomiting or an upset stomach when there is a diet or environment change. I also understand that playing with other dogs has risks that include but are not limited to: sore joints, dog fights, or injury resulting from dog fights/scratches/bites etc. I hereby acknowledge and accept exclusive and sole responsibility, including all financial liability, for these and all other risks and release Camp Canine of all liability no matter what the cause.

I have read and fully understand and agree to the above terms.

Owner/Agent Signature: _____ **Date:** _____

I hereby authorize Camp Canine to obtain medical records and/or treatment for my dog(s) in the event of an illness or injury from the Veterinarian listed above or from the closest veterinary hospital/clinic and by this document do hereby direct said veterinarian to provide those records. I hereby understand that all costs involved with any veterinary treatment are my sole responsibility and release Camp Canine from all liability, including financial.

Owner/Agent Signature: _____ **Date:** _____

CAMP CANINE
202 POND STREET
ASHLAND, MA 01721
508-881-7364