

**camp 4 paws llc**  
**Dog Day Care Boarding Pet Boutique**

**Pet Information Sheet for Day Care and Boarding**

Name of Owner: \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Pet Age: \_\_\_\_\_ Pet Birth date: \_\_\_\_\_ Is pet spayed/neutered? \_\_\_\_\_

Camp 4 Paws LLC may release your pet to the following individual(s) with proof of proper identification: Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your pet's vaccinations current? \_\_\_\_\_

Has your dog received a bordetella vaccination in the last 6 months? \_\_\_\_\_

**I agree to have my dog vaccinated with the Bordetella vaccination every 6 months as is required by Camp 4 Paws LLC (Owner signature) \_\_\_\_\_**

Is your pet on any medications? \_\_\_\_\_ Does your pet have any medical conditions, allergies, physical limitations or injuries? \_\_\_\_\_

(If so, please list the type and reason for medication and/or medical condition/limitation/injury below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you authorize the staff at Camp 4 Paws LLC to administer any current or future medications to your pet as prescribed by your veterinarian? \_\_\_\_\_

**As the pet's owner, I agree that if my pet has fleas or other external parasites, my pet will be bathed or treated with Capstar at my expense. In the event that Camp 4 Paws LLC staff determines that my pet requires medical evaluation and or treatment, I authorize Camp 4 Paws LLC to seek same for my pet at their sole discretion and I agree to be solely responsible for the payment of all medical bills incurred for my pet. I also agree to release Camp 4 Paws LLC, its employees, officers, directors and agents of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care of my pet. I understand that injuries can occur to my pet while he/she is engaging in socialization and play with other dogs. I agree to release Camp 4 Paws LLC, its employees, officers, directors and agents of and from any and all liabilities for any injury suffered by my pet caused by another pet at Camp 4 Paws LLC.**

**Owner Signature Agreeing to all of above:** \_\_\_\_\_

Do you want your dog to participate in the Camp 4 Paws LLC dog day care program, including socialization and play time with other dogs? \_\_\_\_\_ yes \_\_\_\_\_ no

Please list any special instructions for the care of your pet:

\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever bitten another \_\_\_\_\_ person or \_\_\_\_\_ animal?

Has your dog ever exhibited aggressive behavior towards people or dogs ? \_\_\_\_\_  
If so, which \_\_\_\_\_?

Has your dog ever been bitten by another dog? \_\_\_\_\_

Has your dog participated in other dog day care programs? \_\_\_\_\_ If so, what type of program(s)? \_\_\_\_\_

Has your dog ever been boarded? \_\_\_\_\_

Does your dog suffer from separation anxiety? \_\_\_\_\_ If so, please describe the behavior(s) exhibited by your dog when suffering from separation anxiety \_\_\_\_\_  
\_\_\_\_\_

What type of pet food does your pet currently eat? \_\_\_\_\_

What time of the day is your pet fed? \_\_\_\_\_

What is the quantity of food fed at each feeding? \_\_\_\_\_

Does your pet receive pet food treats at home? \_\_\_\_\_

Is your pet house broken? \_\_\_\_\_