

## Camp Canine

11 Collier Ave. Bristol CT 06010 860-582-6847 campcaninect.com

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### Pet Profile

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
Why did you select Camp Canine instead of another facility? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number \_\_\_\_\_  
Can they make decisions on your pet if you cannot be reached? \_\_\_\_\_

Veterinary Hospital \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Male or Female  
Has the dog been spayed or neutered? Y or N Date of Birth \_\_\_\_\_  
Color or Markings? \_\_\_\_\_ How long has this dog lived with you? \_\_\_\_\_  
Where did you obtain this dog? Pet Store Shelter Breeder Other \_\_\_\_\_  
Does this dog have any medical conditions or physical limitations? Y or N  
If yes: \_\_\_\_\_  
Is your dog currently on any medications? Y or N  
If yes: \_\_\_\_\_

Does your dog mind going into a crate? Y or N  
Is your dog currently on a flea & tick preventative? Y or N  
How does your dog interact with adults \_\_\_\_\_  
children \_\_\_\_\_  
other dogs \_\_\_\_\_

Has your dog ever:  
growled or snapped at anyone? Y or N If yes: \_\_\_\_\_  
bitten a person? Y or N If yes: \_\_\_\_\_

My dog has a fear of \_\_\_\_\_

How does your dog respond to baths? \_\_\_\_\_  
How does your dog respond to nail clipping? \_\_\_\_\_  
How does your dog respond to the blow dryer? \_\_\_\_\_

In the event of an emergency, I give Camp Canine LLC permission and authority to take all measures Camp Canine LLC deems necessary including using a veterinary other than my own. I understand the cost of any services or expenses related to my pet shall be solely my responsibility.

I agree that Camp Canine is not responsible for lost/damaged property belonging to my pet or me. If my pet does any damage to Camp Canine LLC property, I will assume financial responsibility.

I further understand and agree that Camp Canine LLC staff members and volunteers will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any kind of liability.

I also understand that I should not bring my dog to Camp Canine if he/she is displaying any signs of illness.

Any dog not picked up by closing time will be boarded overnight at the owner's expense. If any dog is not claimed within 5 days from visit, said dog will be considered abandoned and appropriate actions will be taken at owner's expense.

**If your dog has the need to eliminate prior to enter the building, it is permitted in the designated area only. Please be sure to clean up after your dog.**

Please do not allow your dog to approach any other dog or person while on Camp Canine's premises (except for the employees). All the dogs on the premises may not be dog and people friendly and behaviors can be influenced due to the presence of owner's and the restraint of the leash.

I certify that I have read and understood the above regulations and terms set for by Camp Canine LLC and agree to abide by the above statements.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Name (please print)