

## Client Release



### Your Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cell: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Vet Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Emergency Contact (other than vet):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Cell: \_\_\_\_\_

### Pet Information

<i>Name</i>	
<i>Breed</i>	
<i>Age</i>	
<i>Gender</i>	
<i>Weight</i>	
<i>Color</i>	
<i>Birth date</i>	
<i>License #</i>	

### Medical History

(List any major surgeries, problems, etc)

**Special Instructions:**

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**Is your dog allowed to have biscuits?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

As owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Information on Your Pet**

Has your dog been in day care before? Yes \_\_\_ No \_\_\_

If yes when, for how long and reason for leaving? \_\_\_\_\_

Has your dog been socialized with other dogs? Yes \_\_\_ No \_\_\_

Has your dog been socialized with men and women? Yes \_\_\_ No \_\_\_

Is your dog aggressive with strangers? Yes \_\_\_ No \_\_\_

Is your dog aggressive on walks towards people? Yes \_\_\_ No \_\_\_

Is your dog aggressive on walks towards other animals? Yes \_\_\_ No \_\_\_

Is your dog spayed or neutered? Yes \_\_\_ No \_\_\_

Does your dog have an ID chip? Yes \_\_\_ No \_\_\_

If yes, what is the number \_\_\_\_\_

Does your dog have any allergies? Yes \_\_\_ No \_\_\_

If yes please list them. \_\_\_\_\_

Is your dog on a flea treatment? Yes \_\_\_ No \_\_\_

If yes what kind. \_\_\_\_\_

Please give the dates and expiration of the following vaccinations:

DHLPP: \_\_\_\_\_ / \_\_\_\_\_ Bordetella: \_\_\_\_\_ / \_\_\_\_\_

Rabies: \_\_\_\_\_ / \_\_\_\_\_

Has your dog been in training classes and /or private? Yes \_\_\_ No \_\_\_

If yes by who, when and for how long. \_\_\_\_\_  
\_\_\_\_\_

Please check what applies to your pet.

- Problems**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Dog aggressive | <input type="checkbox"/> People aggressive | <input type="checkbox"/> Jumps up           |
| <input type="checkbox"/> Chews          | <input type="checkbox"/> Digs              | <input type="checkbox"/> Barks              |
| <input type="checkbox"/> Runs away      | <input type="checkbox"/> Unruly            | <input type="checkbox"/> Escapes            |
| <input type="checkbox"/> High jumper    | <input type="checkbox"/> Shy               | <input type="checkbox"/> Doesn't obey       |
| <input type="checkbox"/> Toy possessive | <input type="checkbox"/> People possessive | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Stool eater    | <input type="checkbox"/> Picky eater       | <input type="checkbox"/> House soils        |
| <input type="checkbox"/> Other          | <input type="checkbox"/> Bites or nips     |   |

Is there anything else we need to know about your dog? \_\_\_\_\_  
\_\_\_\_\_

What are the commands you use for your dog? (Down, no, sit, etc)

\_\_\_\_\_

Do we need to reinforce any training? Yes \_\_\_ No \_\_\_

If yes, what? \_\_\_\_\_

Can your dog be with big dogs? Yes \_\_\_ No \_\_\_

Can your dog be with small dogs? Yes \_\_\_ No \_\_\_

How did you hear about us? \_\_\_\_\_



**Toby's K-9 Kamp**

**Pet Services Agreement**

This agreement outlines the terms of your pet or pets' time at our facility. The Owner and Toby's K-9 Kamp, LLC, hereafter referred to as the "Kamp", agree to the following:

1. The Owner hereby certifies to the accuracy of all information given about the Pet. The Owner specifically represents that the Pet has not been exposed to rabies or distemper and has not been ill with any communicable condition within a 30 day period prior to coming to the Kamp. Also, the Pet is in good health and is current on required vaccinations.
2. The Owner represents that his/her Pet has not bitten or shown aggressive behavior toward any person, child or animal, except as described below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The Owner certifies that the Pet is neutered or spayed if over the age of seven months.
4. The Owner understands that he/she is solely responsible for any harm caused by his/her Pet, to any person, other Pets, or property at the Kamp, while the Owner's Pet is at the Kamp.

5. The Owner further understands and agrees that in admitting his/her Pet to participate in Kamp activities, Kamp staff have relied on the representations set forth herein.
6. The Owner understands that Pets, when in groups, can accidentally injure each other while playing. Minor cuts, scrapes, bite wounds and bruises are a possible and not unexpected result of participation in group activities. The Owner understands and agrees that the Kamp, its staff, agents and assigns, shall not be liable for any problems which develop, provided reasonable care and precautions are followed. The Owner hereby releases them of any liability of any kind whatsoever arising from his or her Pet's attendance and participation in day camp, or any other Pet services provided by the Kamp.
7. If a Pet becomes ill, or if the state of the Pet's health otherwise requires professional attention, the Kamp, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the Pet, and the expense thereof shall be paid by the Owner.
8. The Kamp shall exercise reasonable care for the Pet delivered by Owner to the Kamp for any Pet services. It is expressly agreed that the Kamp's liability shall in no event exceed the latter of the current chattel value of a Pet of the same species, or the sum of \$500 per animal brought to the Kamp for day camp.
9. The Owner agrees to abide by the Kamp's policies regarding hours of operation, vaccination requirements and other operational and safety regulations.
10. The Owner gives permission for publication of photos or video taken of Pet and/or Owner by the Kamp. The Owner understands that owner will not be paid any royalty or other compensation and hereby relinquishes any and all rights for payment if a photo or video of Pet and/or Owner is published in any form or medium.
11. This agreement contains the entire agreement between parties. All terms and conditions of this Agreement shall be binding on the representatives and assigns of the Owner and Kamp. This contract shall remain in effect for subsequent transactions between Owner and Kamp.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

Toby's K-9 Kamp, LLC

\_\_\_\_\_  
 Representative Signature

\_\_\_\_\_  
 Date