

CAMP CANINE ENROLLMENT APPLICATION

Page 1 of 4

MOM AND DAD INFO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ OTHER PHONE: _____

DRIVERS LICENSE #: _____

KITTY INFO:

NAME: _____ BREED: _____

WEIGHT: _____ COLOR: _____ AGE: _____ BIRTHDAY: _____

SEX: MALE: ___ NEUTERED: YES ___ NO ___ FEMALE: ___ SPAYED: YES ___ NO ___

BRAND OF FOOD: _____ CANNED: _____ DRY: _____

HOW MUCH: _____ TIMES FED PER DAY: _____ AM: ___ PM: ___

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 CAT(S) OTHER THEN THE

NAME LISTED ABOVE: _____, _____,

_____, _____, _____

VETERINARY INFORMATION:

NAME: _____

CITY/STATE/ZIP: _____

PHONE: _____

Phone:
Boca Raton: (561) 392-9099
Fort Lauderdale: (954) 763-4111



Fax:
Boca Raton: (561) 392-3320
Fort Lauderdale: (954) 763-3111

CAT PROFILE

Page 2 of 4

DOES YOUR CAT HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? NO: _____ YES: _____

IF YES, PLEASE EXPLAIN: _____

IS YOUR CAT DECLAWED? YES: _____ NO: _____

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

IS YOUR CAT PERMITTED TO HAVE TABLE FOOD? ALWAYS: _____ SOMETIMES: _____ NEVER: _____

DOES YOUR CAT STAY? INDOORS: _____ OUTDOORS: _____ BOTH: _____

HAS YOUR CAT BEEN TESTED FOR FELINE LEUKEMIA? YES: _____ NO: _____

IF YES, WHAT WERE THE RESULTS? _____

HAS YOUR CAT BEEN TESTED FOR FELINE AIDS? YES: _____ NO: _____

IF YES, WHAT WERE THE RESULTS? _____

DESCRIBE YOUR CATS TEMPERAMENT: _____

DOES YOUR CAT LIKE OTHER CATS? YES: _____ NO: _____ SIBLINGS ONLY: _____

DOES YOUR CAT HAVE ANY HISTORY OF BITING? NO: _____ YES: _____ IF YES, PLEASE

EXPLAIN: _____

PLEASE LIST ANY SPECIAL INSTRUCTIONS FOR YOUR CAT: _____

HOW DID YOU HEAR ABOUT US? RADIO: _____ TV: _____ NEWSPAPER: _____ DROVE BY: _____

INTERNET: _____ FAMILY/FRIEND: _____ BARNEY THE BUS: _____ WORD OF MOUTH: _____

YELLOW PAGES: _____ OTHER: _____

Phone:
Boca Raton: (561) 392-9099
Fort Lauderdale: (954) 763-4111



Fax:
Boca Raton: (561) 392-3320
Fort Lauderdale: (954) 763-3111

CAMP CANINE CLIENT AGREEMENT

Page 3 of 4

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 DURNING 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% GARAUNTEED. 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 UNCURRED TO MY PET(S) ILLNESSES.

I, MY HEIRS, AND ANY ASSIGNS, HEARBY 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 ACKNOWLEGE 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 SIGNATURE ON FILE

Page 4 of 4

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.

Boca Raton Info:
Phone #: (561) 392-9099
Fax #: (561)392-3320



Ft. Lauderdale Info:
Phone #: (954) 763-4111
Fax #: (954) 763-3111