



**MOM AND DAD INFO:**

**Cat Enrollment**

PAW NAME: \_\_\_\_\_ PAW

PAW ADDRESS: \_\_\_\_\_ PAW

PAW CITY/STATE/ZIP: \_\_\_\_\_ PAW

PAW HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ PAW

PAW CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_ PAW

PAW DRIVERS LICENSE #: \_\_\_\_\_ PAW

PAW **KITTY INFO:** PAW

PAW NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ PAW

PAW WEIGHT: \_\_\_\_\_ COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ PAW

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

PAW BRAND OF FOOD: \_\_\_\_\_ CANNED: \_\_\_\_\_ DRY: \_\_\_\_\_ PAW

PAW HOW MUCH: \_\_\_\_\_ TIMES FED PER DAY: \_\_\_\_\_ AM:  PM:  PAW

PAW **EMERGENCY CONTACT INFORMATION (FAMILY OR FRIEND):** PAW

PAW NAME: \_\_\_\_\_ PAW

PAW HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ PAW

PAW CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_ PAW

PAW PLEASE LIST ANYONE WHO HAS PERMISSION TO PICK UP YOUR CAT(S) OTHER THEN THE PAW

PAW NAME LISTED ABOVE: \_\_\_\_\_, \_\_\_\_\_, PAW

PAW \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ PAW

PAW \_\_\_\_\_ PAW

PAW **VETERINARY INFORMATION:** PAW

PAW NAME: \_\_\_\_\_ PAW

PAW CITY/STATE/ZIP: \_\_\_\_\_ PAW

PAW PHONE: \_\_\_\_\_ PAW

**Hollywood Info:**  
Phone #: (954) 925.Bark  
Fax #: (954) 925.2289



**Ft. Lauderdale Info:**  
Phone #: (954) 468.Bone  
Fax #: (954) 763.3111

# CAT PROFILE

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: \_\_\_\_\_

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**Fax #: (954) 763.3111**

# CAMP CANINE CREDIT CARD AUTHORIZATION Page 3 of 4 (SIGNATURE ON FILE)

I HERBY AUTHORIZE CAMP CANINE, IN ITS SOLE DISCRETION, 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 BUT IS PERMITTED TO SEEK VETERINARY CARE FOR MY PET WHETEHR THEY REACH ME OR NOT.

VETERINARY COSTS INCURRED FOR MY PET IS MY SOLE RESPONSIBILITY. I HERBY AUTHORIZE THE USE OF MY CREDIT CARD FOR SAID PURPOSE, AS WELL AS OTHER CREDIT CARDS THAT MAY NOT BE LISTED HERE.

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, BATHING & VETERINARY CARE.

\*\*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: \_\_\_\_\_

This release does not eliminate the need for presenting the card upon times when pet owner is physically present.



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**Fax #: (954) 763.3111**

# CAMP CANINE CLIENT AGREEMENT

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 ALL SERVICES NEEDED, INCLUDING BUT NOT LIMITED TO ANY AND ALL VETERINARY COSTS FOR THE PET DURING THE TIME THE PET IS IN OUR CARE. SOME ILLNESSES OR INJURIES MAY GO UNNOTICED AND SOME SIGNS OF ILLNESS MAY OCCUR AFTER YOUR PET ARRIVES HOME. OWNER AGREES TO PAY FOR ALL MEDICAL EXPENSES THAT MAY ARISE. 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 LIENS AND ENCUMBRANCES.
6. OWNER SPECIFICALLY REPRESENTS TO CAMP CANINE THE PET HAS NOT BEEN EXPOSED TO RABIES OR DISTEMPER 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 ITS 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 DURING ANY AND ALL HOLIDAYS & HURRICANES, 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, VIRUSES, ILLNESSES OR INJURIES. ALTHOUGH ALL PETS ARE REQUIRED TO BE VACCINATED, NO VACCINE IS 100% GUARANTEED. 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 INCURRED TO MY PET(S) FOR ILLNESSES OR INJURIES DURING OR AFTER ITS STAY.
12. OWNER IS AWARE THAT THERE ARE CERTAIN HEALTH ISSUES THAT CAN ARISE DURING AND AFTER BOARDING & DAYCARE INCLUDING BUT NOT LIMITED TO, DIARRHEA, EXCESSIVE SALIVATION, RAW PADS, WEIGHT LOSS AND HOARSENESS FROM CONTINUED BARKING. SOME PETS MAY REFUSE WATER WHICH CAN LEAD TO DEHYDRATION. CAMP CANINE MONITORS ALL PETS AND ADDRESSES ALL SITUATION'S TO THE BEST OF OUR ABILITY.

I, MY HEIRS, AND ANY ASSIGNS, HEREBY 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 SERVICES 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 ACKNOWLEDGE 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:** \_\_\_\_\_