



OWNER INFO:

Cat Enrollment

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CELL PHONE: _____ WORK PHONE: _____

HOME 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: _____

CELL PHONE: _____ WORK PHONE: _____

HOME 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: _____

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: _____

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.



Boca Raton Info:
Phone #: (561) 392-Bark (2275)
Fax #: (561) 392-3320
Boca@CampCanineFlorida.com

Ft. Lauderdale Info:
Phone #: (954) 468-Bone (2663)
Fax #: (954) 763-3111
Ftlaud@CampCanineFlorida.com

Hollywood Info:
Phone #: (954) 925-Bark (2275)
Fax #: (954) 925-2289
Hollywood@CampCanineFlorida.com

Margate Info:
Phone #: (954) 971-0007
Fax #: (754) 307-1128
Margate@CampCanineFlorida.com

CAMP CANINE CLIENT AGREEMENT

This is a contract between "CAMP CANINE" and PET OWNER(S), "OWNER". This contract includes this pet and any future pets that OWNER(S) brings to CAMP CANINE for services.

1. OWNER agrees to pay a 50% deposit for all boarding reservations at the time the reservation is made and the cost for boarding, grooming, and daycare is due IN FULL on the day 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 CAMP CANINE 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 if reservation is cancelled or shortened FOR ANY REASON, deposit 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 dogs may refuse water which can lead to dehydration. CAMP CANINE monitors all dogs 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.

SIGNATURE: _____ **DATE:** _____