

K-9 Kamp Dog Daycare

Pet Profile Enrollment Form

Please return this completed form along with a copy of your pet(s) vaccination records to:

K-9 Kamp

228 Old Bridge Street
East Syracuse, NY 13057
Phone: 315-437-7110

-OR-

2115 Downer Street Rd.
Baldwinsville, NY 13027
Phone: 315-635-DOGS(3647)

www.K-9Kamp.com
E-mail us at
K9Kampinfo@gmail.com

Welcome to K-9 Kamp. Please complete the information below so that we may provide the best possible care for your pet.

Note that for the health and safety of all our guests, all pets over 6 months of age must be spayed or neutered and also current on ***Rabies, Distemper, and Bordatella*** vaccines. They must also have a ***negative fecal exam***. Under 6 months, all pets must be up to date with their first course of puppy shots.

General Information: *Please print legibly*

Date: _____

How did you hear about us? _____

Owner Name: _____ Pet's Name: _____

Owner Address:

Street: _____ State: _____ Zip: _____

Town: _____

Home Phone: _____ Office/Cell Phone: _____

E-mail: _____

Emergency Contact Name: _____ Phone: _____

Office Phone: _____ Cell Phone: _____

Pet Information:

Pet 1:

Breed: _____ Age: _____ Birthday: _____

Color: _____ Sex: _____

Is your pet spayed/neutered? _____ Yes _____ No

Where did you get your pet? _____

What age was your pet when you got him/her? _____

Pet 2:

Breed: _____ Age: _____ Birthday: _____

Color: _____ Sex: _____

Is your pet spayed/neutered? _____ Yes _____ No

Where did you get your pet? _____

What age was your pet when you got him/her? _____

Pet 3:

Breed: _____ Age: _____ Birthday: _____

Color: _____ Sex: _____

Is your pet spayed/neutered? _____ Yes _____ No

Where did you get your pet? _____

What age was your pet when you got him/her? _____

Pet 4:

Breed: _____ Age: _____ Birthday: _____

Color: _____ Sex: _____

Is your pet spayed/neutered? _____ Yes _____ No

Where did you get your pet? _____

What age was your pet when you got him/her? _____

Veterinary Information:

Name of Veterinary Hospital: _____

Primary Vet familiar with pet, if applicable: _____

Address: _____

Phone: _____

Days/Hours of Operation: _____

Grooming/Health:

Does your pet have any allergies? If so, please describe _____

Does your pet have any problems with fleas or ticks? _____

Is your pet on flea/tick preventative medicine? (Product used) _____

Does your pet have arthritis? _____ Yes _____ No

Joint problems? _____ Yes _____ No

Hip Dysplasia? _____ Yes _____ No

If you answered yes to any of the above three questions, are there any restrictions on your pet's activities or movements? _____

Does your pet have any sensitive areas on his/her body? _____

Does your pet like to be brushed? _____ Petted? _____

What areas of the body does your pet like to be petted or brushed? _____

Behavior History:

Does your pet interact with children? _____

How does your pet behave when interacting with children?

Are there any other pets in your household? If so please list type, age, sex of each:

Describe how your pet behaves with other pets in the household _____

Does your pet fear or dislike any type of person? _____

Does your pet fear or dislike any particular type of pet? _____

Does your pet fear or dislike any noises or particular items? If yes please identify/elaborate _____

How does your pet react to unfamiliar pets or people that come into your home and/or yard? _____

Does your pet play with toys? _____ Yes _____ No What type? _____

Does your pet play with other pets? _____ Yes _____ No

If so, who do they like best? _____

Does your dog bark or growl when dogs or people pass in front of your house yard? _____

How does your dog interact with puppies? _____

Please describe any problems your dog has with any of the following:

Jumping: _____

Housetraining: _____

Mouthiness (Grabbing but not biting): _____

Barking: _____

Digging: _____

Separation/Home Alone Anxiety: _____

Leash Pulling: _____ Other: _____

Please describe any of the following behaviors:

Has your dog bitten a person or other dog? _____ Yes _____ No

If so, what were the circumstances: _____

Has your dog growled at a person? _____ Yes _____ No

If so, What were the circumstances: _____

Has your dog growled, bitten, or snapped at someone for approaching their food or toys?

_____ Yes _____ No

If so, what were the circumstances: _____

Does your dog share his/her toys and/or food with other pets? _____ Yes _____ No

Has your dog been to a dog park? _____ Yes _____ No

If so, please briefly describe his/her interaction with other dogs:

Has your dog ever been attacked or bitten by another dog? _____ Yes _____ No

If so please describe the circumstances: _____

Has your dog had any formal obedience/good-manners training? _____ Yes _____ No

If so, where and when:

What commands does your dog know? _____

Final Details:

Please detail any other information about your pet that you feel would be helpful or important to the K-9 Kamp Councilors: _____

I certify that I have answered the above questions fully and to the best of my ability

STANDARD AGREEMENT

Owner Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Pager _____

Emergency Contact _____ Phone _____

Veterinary Office _____ Phone _____

Dog's Name _____ Gender _____ Birthdate _____

Breed _____ Color/Markings _____

Spayed/Neutered _____ At what age? _____

1. The facility agrees to exercise due diligence and reasonable care, and to keep the premise sanitary and properly enclosed. All dogs are handled and cared for by facility staff without liability on the facility or staff's part for loss or damage from theft, fire, death, escape, injury, disease, injury or harm to persons, other pets or property by said dog, or from other unavoidable causes, due diligence and care having been exercised.
2. Should any dog become ill or seem to be in need of medical assistance, the facility reserves the right to administer aid and/or use any available veterinarian to administer aid. Any expenses so incurred shall be paid by the owner of said dog in addition to other fees incurred for services provided at or by the facility.
3. Owner agrees to pay the rate for services in effect on the date their dog is checked into the facility. Prices are subject to change at any time, without notice. No dog will be released until all charges are paid in full. Cancellations fees may be applied for reservations cancelled less than 24 hours prior to a scheduled reservation. Owner shall remain liable for all charges incurred for the care and maintenance of the dog listed on this contract. The owner agrees to be solely responsible for any and all acts or behavior of said dog while in the care of the facility. The owner of the dog agrees to pay reasonable attorney fees incurred by the facility in the collections of any charges for services incurred by the owner of the dog.
4. Dog must be in good general health and remain current on Rabies, DHLPP, and Bordatella (Kennel Cough) vaccinations in order to remain an active participant at the facility. Owner must provide valid proof of all required vaccinations prior to dog's first visit and every time the vaccinations are updated. Dog must be on a scheduled flea & tick prevention program. The facility reserves the right to refuse admittance to any dog.
5. Owner agrees that their dog will be picked up by the owner or a pre-approved owner's agent prior to 6:30 pm. Charges will be incurred, at the prevailing rate, for any late pickup. It is understood that the facility does not provide overnight accommodations.
6. Owner agrees that their dog may be videotaped, photographed, and/or recorded. The facility shall be the exclusive owner to the results and all proceeds of such tapings, photography, and recordings with the rights throughout the world, an unlimited number of times in perpetuity, to copyright to use, and to license to others in any manner. Owner further agrees that their dog may be used in any and all media and in the promotion, advertising, sale, publicizing, and exploitation of the facility.

I understand and agree to the above conditions:

Owner's Signature

Date