

# 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 Bridge Street  
East Syracuse, NY 13057  
Phone: 315-437-7110  
www.K-9Kamp.com  
E-mail us at  
K9Kamp101@hotmail.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. Under 6 months, all pets must have their first course of puppy shots.

### General Information:

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**

\_\_\_\_\_

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228 Bridge St. • E. Syracuse, NY 13057  
Phone: 315-437-7110 • [www.K-9Kamp.com](http://www.K-9Kamp.com)

**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:

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\_\_\_\_\_  
Owner's Signature

Date