

## CAMP GOOD DOG - CLIENT INFORMATION

|   |                       |  |                       |
|---|-----------------------|--|-----------------------|
|   |                       |  |                       |
| <i>HUMAN</i>                                      | <i>HOME PHONE No.</i> | <i>WORK PHONE No.</i>                                  | <i>CELL PHONE No.</i> |
|   |                       |  |                       |
| <i>SPOUSE / PARTNER</i>                           | <i>HOME PHONE No.</i> | <i>WORK PHONE No.</i>                                  | <i>CELL PHONE No.</i> |
| <br>  |                       |  |                       |
| <i>ADDRESS, INCLUDING AREA CODE</i>               |                       |  |                       |
| <i>E-MAIL -</i>                                   |                       |  |                       |
| <br>  |                       |  |                       |
| <br>  |                       |  |                       |
| <i>CONTACT PERSON(S) / EMERGENCY PHONE No(S).</i> |                       | <i>RELATIONSHIP (I.E. FAMILY MEMBER, FRIEND, ETC.)</i> |                       |
| <i>REFERRED BY (IF APPLICABLE) -</i>              |                       |  |                       |

**Permission to publish my dog's photo on facebook.com/campgooddog**

### AUTHORIZATION AND WAIVER

I am registering my dog(s) with Camp Good Dog Inc.  
 Although every precaution will be taken to ensure the safety and well-being of my dog(s), there are possible risks including injury, death or loss. I understand and accept these risks.  
 I give my permission for my dog(s) to be walked off-leash during exercise and training sessions with other dogs.  
 If an emergency arises, I will not hold Deborah Wolfe and/ or Camp Good Dog Inc. responsible.  
 I authorize the treatment of my dog(s) by a veterinarian, if necessary. I will pay for all medical costs and veterinary bills, and reimburse Camp Good Dog Inc. for any veterinary expenses and medical bills incurred on my dog(s) behalf.  
 I agree with the above terms. I understand this waiver will apply each and every time I place my dog(s) in the care of Deborah Wolfe and/ or Camp Good Dog Inc. and/ or their agents.

|                               |  |
|-------------------------------|--|
|                               |  |
| <i>DATE SIGNED</i>            | <i>NAME OF PET OWNER: PLEASE PRINT</i> |
| <br><br><br>                  |  |
| <i>SIGNATURE OF PET OWNER</i> |  |

# CLIENT INFORMATION

|  |                      |  |                   |               |                |
|--|----------------------|--|-------------------|---------------|----------------|
|  |                      |  |                   |               |                |
| <b>DOG'S NAME</b>  |                      | <b>BREED</b>                                     |                   | <b>COLOUR</b> |                |
|  |                      | NO   | YES               |               | NO YES         |
| <b>DATE OF BIRTH (MONTH / YEAR)</b>  |                      | <b>MALE</b>                                      | <b>NEUTERED?</b>  | <b>FEMALE</b> | <b>SPAYED?</b> |
| <b>DIET:</b>   | <b>TYPE OF FOOD:</b> |  |                   |               |                |
| <b>AMOUNT / FEEDING TIMES PER DAY:</b>   |                      | <b>ANY FOOD ALLERGIES?</b>                       |                   |               |                |
| <b>ADDITIVES:</b>  |                      |  | <b>TREATS:</b>    |               |                |
| <b>MEDICAL CONDITIONS:</b>   |                      |  |                   |               |                |
|  |                      |  |                   |               |                |
| <b>MEDICATION(S):</b>  |                      |  | <b>DOSAGE(S):</b> |               |                |
|  |                      |  |                   |               |                |
| <b>SPECIAL INSTRUCTIONS:</b>   |                      |  |                   |               |                |
|  |                      |  |                   |               |                |
| <b>BEHAVIORAL ISSUES: TIMID? AGGRESSIVE? NERVOUS? HAND SHY? COME WHEN CALLED? ISSUES WITH LARGE OR SMALL DOGS, CATS OR CHILDREN?</b> |                      |  |                   |               |                |
|  |                      |  |                   |               |                |
| <b>VACCINATION AND VETERINARY RECORDS:</b>   |                      |  |                   |               |                |
| <b>VETERINARIAN</b>  |                      | <b>PHONE No.</b>                                 |                   |               |                |
| <b>CLINIC</b>  |                      | <b>ADDRESS</b>                                   |                   |               |                |
| <b>RABIES EXPIRY DATE:</b>   |                      | <b>CANINE DISTEMPER/ BORDETELLA EXPIRY DATE:</b> |                   |               |                |
| <b>RABIES TAG No:</b>  |                      | <b>LICENSE No:</b>                               |                   |               |                |
| <b>MICROCHIP No:</b>   |                      | <b>TATTOO No:</b>                                |                   |               |                |

|   |                |
|---|----------------|
| <b>ADDITIONAL DOG(S) IN THE FAMILY:</b> |                |
| <b>NAME -</b>                           | <b>BREED -</b> |
| <b>NAME -</b>                           | <b>BREED -</b> |