



**(803) 684-1222**

Owners Name \_\_\_\_\_ Home #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Cell #: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Veterinarian Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Veterinarian Phone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Does your dog have any health issues? \_\_\_\_\_

Is your dog spayed/neutered? \_\_\_\_\_  
 How many times a day does your dog eat & how much? \_\_\_\_\_  
 Does your dog get along with other dogs? \_\_\_\_\_  
 Where does your dog sleep at night? \_\_\_\_\_  
 Has your dog ever bit anyone before? \_\_\_\_\_  
 Where did you get your dog? \_\_\_\_\_  
 How long have you had your dog? \_\_\_\_\_  
 Does your dog have any issues with protecting Bones/Food? \_\_\_\_\_  
 How did you hear about Camp K-9 Resort? \_\_\_\_\_

**Terms/Conditions and Hold Harmless Agreement**

As a conditions precedent to supervising my puppy/dog with Tammy Bochinski and Camp K-9 Resort, I agree to release and hold harmless Tammy Bochinski and Camp K-9 Resort from any legal liability arising out of the supervising my puppy/dog. I understand that any injuries or accidents that may occur are my own responsibility, this would include any vet bills. I do give Tammy Bochinski and Camp K-9 Resort the rights to take my puppy/dog to a vet for any care that may be necessary to insure good health and safety of my puppy/dog. I have read the Terms, Conditions and Agreement and understand the same.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

**DHLPP:** \_\_\_\_\_ **Rabies:** \_\_\_\_\_ **Bordetella:** \_\_\_\_\_ **Size:** \_\_\_\_\_