

Camp K9 Day Camp Application

Owner Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work # _____

Cell Phone _____ / _____

Pet Information

1. Name _____ Breed _____

2. Name _____ Breed _____

1. Gender: M/ Neutered F/ Spayed Age: _____ D.O.B. _____

2. Gender: M/ Neutered F/ Spayed Age: _____ D.O.B. _____

Veterinarian

Clinic Name _____

Phone (if not a Madison Clinic) _____

Emergency Contact (If we are unable to contact you)

Name _____ Phone # _____

How did you hear about us? Tv Yellow Pages Internet Search

Friend/Family Vet Other _____

Other information:

Vaccinations:

Expiration Dates

DHLPP _____

Rabies _____

Bordatella (Canine Cough) _____

Camp K9 Pet Care Center and Day Camp
Day Camp and Facility Use Agreement and Release of Liability

Read Carefully - This affects your legal rights.

I understand and agree that Camp K9 Pet Care Center and Day Camp (herein after referred to as Camp K9) and its members, officers, directors, managers, employees, contractors, and agents will not be liable for problems, damages, or injuries caused by my pet during its use of, presence at or visit to Camp K9. I, as the pet owner (or as the pet's authorized agent), agree to be solely responsible for any and all acts or behavior of my pet while in the care of Camp K9. I hereby release and agree to indemnify and hold harmless Camp K9 from any liability arising from my dog's attendance and participation in any Camp K9 boarding, day camp and/or any other Camp K9 activities.

I understand that Camp K9 boarding, daycamp and open play areas are places where animals co-mingle in groups. I recognize that there are inherent risks of illness or injury when dealing with animals. Similarly, I understand that when dogs play in groups or in our play yards, they may sustain injuries such as nicks, scratches or tears, sprains or other injuries. Other risks include, but are not limited to, problems resulting from pets ingesting food or other materials found outdoors, sore paw pads from playing on rock and solid surfaces, or canine cough (doggie colds) or other viruses. I understand and agree that any problem or injury that develops with my dog will be treated as Camp K9 deems best at it's sole and absolute discretion. Camp K9 staff may wait until I pick up my pet to inform me of any non-serious injury, such as nicks and scratches. In the event my pet becomes ill or injured to the point of requiring medical treatment, Camp K9 will first attempt to contact me, followed by an attempt to contact the emergency contact given to them. I understand Camp and it's staff has my permission to use their discretion as to the treatment and care of my pet, including their choice of whom to take my pet to for any care that may be needed. I agree to promptly pay for all medical treatments received by my pet. I give permission for Camp K9 to obtain any and all medical information from any veterinarian caring for my pet.

I recognize that there are certain inherent risks associated with the activities at Camp K9 and I assume full responsibility for personal injury to myself and my dog(s) and (if applicable) my family members, and further release and discharge Camp K9 for injury, loss or damage arising out of my or my dog's or my family's use of or presence upon the facilities of Camp K9, whether caused by the fault of myself, my family, Camp K9 or other third parties.

I understand that I am responsible for any harm or damages caused by my dog at Camp K9, whether to dogs or human patrons or to Camp K9 staff or to the facilities. I shall indemnify and hold Camp K9 harmless again any claims made against Camp K9 or losses or damages of any kind suffered by Camp K9 as a result of my pet.

____ I hereby certify that my dog(s) is in good health and has not been ill with any communicable condition in the last 30 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

____ I certify that my dog(s) is not able or willing to jump or climb a 6' high fence. I also certify that my dog(s) will not try to escape thru or under a fenced area by digging or pushing their way under or thru a fence.

By signing below, I certify that I have read and understand the above and agree to abide by the terms of this agreement. I understand this contract will remain valid and in force as long as and whenever my pet participates in any activity at or with Camp K9.

Print name

Pet's Name

Signature

Date

CAMP K9 PET CARE CENTER

249-3939

4934 FELLAND RD. MADISON