

Application for Daycamp

Guardian/Owner's Name _____

Phone # (H)____ - _____ (W) ____ - _____ (M) ____ - _____

Address _____

City _____ State ____ Zip Code _____

Dog's Name _____ Approximate Date of Birth ___/___/_____

Breed _____ Approximate Weight _____

Is your dog spayed or neutered? (if a puppy, please indicate if you are planning to spay or neuter) _____

Who Referred You? _____

All animals must have proof of current Rabies, Distemper, and Bordatella(Kennel Cough) vaccinations prior to acceptance into daycamp.

What level of Daycamp do you wish?

_____ Level One -- One hour in the morning and one hour in the afternoon

_____ Level Two – One and a half hours in the morning and one and a half hours in the afternoon

_____ Level Three – Two hours in the morning and two hours in the afternoon

Has your dog ever been in a daycare setting before? _____

Does your dog enjoy the company of other dogs? _____

Is your dog aggressive toward other dogs or people? _____

Does your dog have any known allergies? If so, please list allergies & medicine required.

_____ Can your dog have treats while he/she is in daycare? _____

Does your dog have any medical problems? If yes, please list below:

_____ Is your dog a known escape artist (i.e. a climber, digger, gate opener, etc)? If so, please describe.

_____ Additional Comments or Questions:

Due to the nature of daycare, dogs must be absolutely non-aggressive toward other dogs and people. Spayed and neutered dogs generally do better in group play environments, but all non-aggressive dogs are welcome. We cannot accept dogs that are in heat, coming in heat, or going out of heat or are pregnant. Dogs with external parasites will be treated at owner's expense for the protection of the other dogs in daycare. Dogs will be evaluated on an ongoing basis and other arrangements must be made for dogs showing aggressive tendencies.

I, _____, understand that there are certain risks inherent to a boarding, training, daycare and bathing of dogs, no matter how careful Leesville Animal Hospital is in caring for your pet. These risks range from injury from another animal, escape, or death. The Owner understands and assumes these risks in placing their pet with Leesville Animal Hospital. The owner agrees that he does not and will not hold Leesville Animal Hospital, its officers, directors, employees and agents responsible for any loss on account of any such injury, major or minor. Should a medical need or emergency arise, I the undersigned, give permission to Leesville Animal Hospital and its veterinarians for all necessary treatment. I also assume financial responsibility for all charges incurred to patient, and agree to pay all such charges at the time of release of said patient

Signature of Owner or Responsible Agent
