Leesville Animal Hospital Application for Daycamp

Owner/Guardian's Name:			
none Number: (H)(W)		(C)	
Address:			
Dog's Name:	DOB:	/	/
Breed:	Color:		
Breed:Gender:	Spayed/N	leutered?	(circle one)
If a puppy, please indicate if you are planning to spay/neu	ter		
Who (if anyone) referred you?			
*All animals must have proof of current Rabies, Distemp	er & Borde	etella vacc	inations prior to
acceptance into daycamp.*			•
Circle Applicable Answers Below:			
Has your dog ever been in a daycare setting before?	YES	NO	
Does your dog enjoy the company of other dogs?	YES	NO	
Is your dog aggressive toward other dogs or people?	YES	NO	
Does your dog have any known allergies?	YES	NO	
If yes, please list allergies and any medications required:			
Can your dog have any treats while he/she is in daycamp?	YES	NO	
Does your dog have any medical problems?	YES	NO	
If yes, please list:			
Is your dog a known escape artist*?	YES	NO	
*(i.e. a climber, digger, gate opener, jumps fences) If yes, please	e describe:		
Additional Comments/Questions:			
Due to the nature of daycamp, dogs must be absolutely non-aggressiv	o toward of	har dags and	d noonlo Snavod an
neutered dogs generally do better in group play environments, but all			
cannot accept dogs that are in heat, coming in heat, or going out of h			
parasites will be treated at the owner's expense for the protection of			•
evaluated on an ongoing basis and other arrangements must be made	e for dogs sh	owing aggre	ssive tendencies.
For valuable consideration received, I hereby grant to Leesville Anima	l Hosnital la	nd their renr	esentatives the
irrevocable and unrestricted right to use and publish photographs or	-	-	
in which my pet(s) is/are included, for publishing specifically on the Le	-		
Twitter page, the television for display in the front office and the office		-	
their legal representatives and assigns from all claims and liability rela	iting to said	photographs	and or videos.
I understand that there are certain risks inherent to a boarding, traini	ng davcare:	and hathing	of dogs no matter
how careful Leesville Animal Hospital is in caring for your pet. These r			
escape, or death. The owner understands and assumes these risks in I	placing their	pet with Lee	esville Animal
$\label{thm:constraints} \mbox{Hospital, its officers, directors, employees and agents responsible for}$	-		
or minor. Should a medical need or emergency arise, I the undersigne			
Hospital and its veterinarians for all necessary treatment. I also assumincurred to patient, and agree to pay all such charges at the time of re			for all charges
meaned to patient, and agree to pay an such charges at the time of re	rease or said	η ρατιστίτ.	
Signature of Owner/Responsible Agent	D	ate	