## Leesville Animal Hospital Application for Daycamp

Owner/Guardian's Name:			
Phone Number: (H) (W)	(C)		
Address:			
Dog's Name	DOD:	,	1
Dog's Name:			
Breed:	Color	/Noutorod2	/sircle one)
Gender: If a puppy, please indicate if you are planning to spay	spayeu/	Neutereu:	(circle one)
Who (if anyone) referred you?*All animals must have proof of current Rabies, Inte	etinal Baracit		Distance &
Bordetella vaccinations prior to acceptance into day		e screening,	Disterriper &
Circle Applicable Answers Below:	camp.		
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?  If yes, please list allergies and any medications required:	YES :	NO	
Can your dog have any treats while he/she is in dayca	amp? 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 describe	;:	
Additional Comments/Questions:			
Due to the nature of daycamp, dogs must be absolutely non-age			
neutered dogs generally do better in group play environments, cannot accept dogs that are in heat, coming in heat, or going ou			
parasites will be treated at the owner's expense for the protecti			
evaluated on an ongoing basis and other arrangements must be			
			_
For valuable consideration received, I hereby grant to Leesville			
irrevocable and unrestricted right to use and publish photograp in which my pet(s) is/are included, for publishing specifically on			
Twitter page, the television for display in the front office and the			
their legal representatives and assigns from all claims and liabili		•	
I understand that there are certain risks inherent to a boarding,	training, daycare	e and bathing o	of dogs, no matter
how careful Leesville Animal Hospital is in caring for your pet. Tl			
escape, or death. The owner understands and assumes these ris			
Hospital, its officers, directors, employees and agents responsib or minor. Should a medical need or emergency arise, I the unde			
Hospital and its veterinarians for all necessary treatment. I also			
incurred to patient, and agree to pay all such charges at the tim			an onarges
		•	
Signature of Owner/Responsible Agent	<del>-</del>	 Date	