

FOUR PAWS DOG DAY CAMP AND KENNEL
REGISTRATION FORM

Owner(s) Name _____

Address _____ City _____ St _____ Zip Code _____

Home Phone () _____ Work () _____ Cell () _____

Fax () _____ Email _____

Drivers License # _____

Pet Name _____ Sex: M/F Spayed/Neutered: _____

Pet Name _____ Sex: M/F Spayed/Neutered: _____

Pet Name _____ Sex: M/F Spayed/Neutered: _____

Veterinarian Information:

Vet Name _____ Phone Number _____

Vet Address _____ Fax Number _____

List any and all Health problems that your dog might be experiencing _____

List any medication that your dog is taking and what the medication is for _____

How often is medication given and what dosage _____

Has your dog been in a Boarding Kennel before? Yes ___ No ___

Has your dog been to a Community Dog Park before? Yes ___ No ___

Does your dog have any aggressive behavior towards other dogs or animals? Yes ___ No ___

If yes, please explain _____

Has your dog ever bitten a person? (This includes during grooming) Yes ___ No ___

If yes, please explain _____

Are you having any serious behavior problems with your dog? Yes ___ No ___

If yes, please explain _____

13385 Montour St
Brooksville, FL 34613
(352) 597-9494

**Four Paws Dog Day Camp and Kennel
Dog Day Care Agreement**

Dog Name _____ Date: _____

Breed _____

Where does your dog eat _____

Times Feed per Day _____

Amount per feeding _____

How long is your dog usually home alone _____

Where does your dog usually stay while at home _____

Where does your dog sleep _____

What is your dogs' favorite game _____

List any behaviors that you wish us to address

Does your dog have any bad habits that we should know about

How would you rate your pet's energy level _____ High _____ Medium _____ Low

How would you rate your pet's social skills _____ Excellent _____ Good _____ Poor

I/We agree to hold Four Paws Dog Day Camp and Kennel , and its members, directors, officers, agents, and owner of the premises and any employee of the aforementioned parties, harmless from any and all claims for loss of injury which may be alleged to have been caused directly or indirectly to any person or thing by the action of my dog, and I/We personally assume all responsibility and liability for any such claim, and I/We further agree to hold aforementioned parties harmless from any claim for loss of my dog by disappearance, theft, death or otherwise, and from any claim or damage or injury to the dog, whether such loss, disappearance, theft damage or injury be caused or alleged to be caused by the negligence of the organization or any of the parties aforementioned, or by the negligence of any persons person, or any other cause or causes. I/We assume the sole responsibility for and agree to pay for any and all expenses that may be caused by my dog to any or all persons or animals in such a case that medical treatment should be required. I will not charge the aforementioned or its representatives with punitive damages. I certify that I am the actual owner of the dog, or I am the duly authorized agent of the actual owner. I have read and understand all of the statements in this agreement and agree to be bound to the above agreements. I agree to meet all of the financial requirements.

Signature _____ Date _____