

# WHITE KNOLL PET RESORT - DAY CAMP APPLICATION

WKPR ACCEPTED THIS APPLICATION ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_ EMPLOYEE \_\_\_\_\_

We are excited that you are considering our White Knoll Pet Resort - Day Camp for doggy day care and boarding for your companion. Please complete this application to the best of your knowledge and make sure you read and understand our policies, release and waiver.

**PARENT'S INFORMATION**  New Canine/Camper Interview  Additional Family Member  Existing Camper's Updated Information

Parent's Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## CAMPER'S INFORMATION

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

Breed \_\_\_\_\_ Color \_\_\_\_\_  Female  Spayed,  Male  Neutered  Not spayed/neutered (required at 6+ months)

Veterinarian Hospital Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VACCINATIONS** Guardian/Owner is required to provide veterinary proof of current and updated Rabies, Distemper and Bordetella.

## EMERGENCY CONTACT (SOMEONE NOT TRAVELING WITH YOU)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

PERSONS AUTHORIZED TO DROP OFF AND/OR PICK-UP MY CAMPER(S) \_\_\_\_\_

## CANINE BEHAVIOR QUESTIONS

How long have you had your Camper? \_\_\_\_\_ Where did you get your Camper? \_\_\_\_\_

Have you ever used day care / boarding services at another facility?  No  Yes, please list the names of such businesses \_\_\_\_\_

What are the primary reasons for bringing your Camper to Camp?  Camper loves to play  I travel extensively  I work long hours  Camper needs a lot of exercise

I don't like to leave my Camper alone all day  Recommendation of trainer or other person  Camper gets lonely  Camper exhibits destructive behaviors

Has your Camper ever jumped a fence or barrier?  Yes  No

Can you take a food item away from your Camper without him/her growling?  Yes  No

Has your Camper ever socialized with a large group of dogs (8 or more)?  Yes  No :Please describe: \_\_\_\_\_

Will your Camper readily share toys with other dogs?  Yes  No / If No, please describe: \_\_\_\_\_

Does your Camper play well with dogs of all sizes?  Yes  No :If No, please describe: \_\_\_\_\_

Is your Camper afraid of thunderstorms?  Yes  No :If Yes, how do we make him/her feel comfortable? \_\_\_\_\_

Are there any restrictions that should be placed on your Camper's activities?  Yes  No :If Yes, what activities? \_\_\_\_\_

Are there any areas on your Camper's body where he/she DOES NOT like to be touched by humans?  No  Yes / If Yes, where? \_\_\_\_\_

Has your Camper ever growled at or bit another PERSON or DOG?  No  Yes / If Yes, what were the circumstances?: \_\_\_\_\_

Is there any PERSON, type of DOG, or SITUATION your Camper seems to be uncomfortable with?  No  Yes / If Yes, please describe: \_\_\_\_\_

## MEDICATIONS AND DIETS:

Does your Camper have any allergies or any other conditions?  Yes  No \_\_\_\_\_

MEDICATIONS  No  Yes (Please list all medications.)

Medication \_\_\_\_\_  Morning  Afternoon  Evening Quantity \_\_\_\_\_

Medication \_\_\_\_\_  Morning  Afternoon  Evening Quantity \_\_\_\_\_

Medication \_\_\_\_\_  Morning  Afternoon  Evening Quantity \_\_\_\_\_

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CAMPER? \_\_\_\_\_

FEEDINGS  Client Provided – Brand Name \_\_\_\_\_

Morning Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

Evening Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

Other Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

I, the undersigned, hereby acknowledge and agree that all the information provided in this Camper Application is complete and accurate to the best of my knowledge. I consent to White Knoll Pet Resort use of such information for all lawful business purposes which may include, but is not limited to, for example, providing Day Camp services to you, operating the Day Camp business, and using data that includes information about you and your Camper for marketing or other purposes. I further acknowledge and agree that I have read, understand and agree to all the terms and conditions contained in the Camper Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement, as they may be amended from time to time, which are attached and fully incorporated into this application by reference. I hereby execute this Application and the Agreement for my Camper, myself and my heirs, successors, representatives and assigns. I further attest that if I am not the owner or sole owner of the Camper(s) for whom this Camper Application has been completed, my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative. If signing electronically, I hereby agree that my signature will be deemed an original and take the place of my wet-ink signature. If signing in ink, I hereby agree that a true and correct copy of this document may be produced in lieu of the original application. Should a copy be produced, I understand that it is legally enforceable and does not affect the terms of the application in any way. By signing the Camper Application, I acknowledge and agree that my dog(s) will be commingling with dogs from other families while in the care of White Knoll Pet Resort Day Camp.

NAME PRINT

PARENT'S SIGNATURE

DATE