



Day Camp Application and Waiver

Date filled out: _____
Family Name: _____ Owner First Name: _____

Address: _____ Phone: _____
Email: _____

Dogs Name: _____ Age: _____ Spayed or neutered: Yes No

Description or Breed: _____

Collar Color: _____ Tags: Yes No

Leash Left: Yes No Color _____ Special Toy left: Yes No

Describe toys: _____

Diet: (if dog is to eat at day camp)

Type of Food: _____

How much at each meal? _____

Any restrictions on treats? Yes _____ No

Food allergies? Yes _____ No

Please describe reactions and Treatments: _____

BEHAVIOURS

1. Does your dog do a reliable recall? Yes No What word do you use? _____

If not how do you get him back? _____

Is s/he walked off leash? Yes No

Are they ever allowed to roam alone in the neighborhood? Yes No

2. Does s/he have a command to “go lie down or rest”? Yes No

What is it? _____

Does s/he have a special mat, blanket or place they like to lie down? Yes No

Are you going to bring it with you? Yes No

3. Does S/he have a sit command? Yes No What is it? _____

4. How do you tell them to not touch (referring to something) _____

5. Do they jump up on people? Yes No

What have you tried to do to stop this? _____

6. Are they housebroken? Yes No

Have they been known to "go" in strange places? Yes No

Do they have a command to "go"? Yes No

What is it? _____

Do they have a signal to tell you they have to go out? Yes No

What is it? _____

7. Is your dog used to being in a crate? Yes No

Are they used to a fenced yard? Yes No Do they dig? Yes No

8. What is their usual exercise routine? _____

Does your dog like to swim? Yes No

Will they just go in or do they like to fetch something? _____

9. Is your dog used to: **Other dogs:** Yes No **Cats:** Yes No **Children:** Yes No

PLEASE describe their reaction to meeting new dogs. _____

10. Does your dog bark: When left alone at home? Yes No

When left alone in the yard? Yes No At strangers? Yes No

Any other time? Yes No Do you have a command to make them stop? Yes No

What is it? _____

11. Does your dog have any fear issues? Yes No Please describe thoroughly on the back if so.

HEALTH

Does your dog have any health issues? Yes No Are they chronic? Yes No

Please provide a full description of issues, concerns, signs and symptoms and treatments on the back.

Please note we at Dragonluck day camp can give medications but we need full information about the reason and how you give them at home.

Vaccinations: Last done _____ Rabies Parvo Bordatella

Other _____

Name of Vet: **Dr.** _____ Phone: _____

Dragonluck kennels revised oct.2009

Clinic Name _____ Address: _____

Does the dog require any medications? Yes No

Any other information you wish to share:

What are five of your dogs favourite things? (not necessarily food)

What do you want your dog to get out of Day camp?

WAIVER

I understand that my dog will be cared for according to my instructions and to the agreement outlined below. I also understand that if the dog needs veterinary care for something unexpected that I will be responsible for that expense. I also understand that Dragonluck Kennels is not liable for any unexpected illnesses which are not directly linked to the care being given to the dog during its stay. I give staff at Dragonluck kennels permission to provide my dog with quiet time or time outs in a pen or crate if they believe my dog is stressed or needs a break from the other dogs.

I also understand that every measure has been taken to ensure the safety of the dog and that the staff will not be held responsible for any injury due to accidental situations.

We at Dragonluck Kennels will feed according to the dogs usual schedule with the food you have provided. We will discuss with you the schedule for the day and provide you with any feedback you require as to how your dog did.

Signature _____ Name _____

Date _____

If you would go to the following site and fill out the Residential Obedience Check up and bring it with this form we will have more information on your dog and how to work with them at camp.

www.OVGRC.com

Temperament assessment: Includes assessing the following and noting reactions.

1. Loud noises
2. Meeting stranger
3. New place
4. Dog visitor
5. Commands from staff.