

DRAGONLUCK KENNELS

Day Camp Application and Waiver

Date filled out _____
Family Name _____ Owner First name _____
Address _____
Phone _____
Email _____
Dogs Name _____ Age _____ Spayed or neutered Y ___ N ___
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? _____
Do you use and E collar? Yes ___ No ___
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 ___

It Is? _____

Do You use a bark collar? Yes ___ No ___

11. Does you dog have any fear issues? Yes ___ No ___

If so please describe thoroughly on the back.

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: _____

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

Please note that injuries may happen when dogs play together. Teeth will catch fur or ears. Sometimes play gets rough. We, the day care workers, are as diligent as we can be, but sometimes things just happen. We will do everything in our power to care for a dog that is injured but know that accidents do happen.

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