Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_

Boarding Rate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY:**

Veterinarian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distemper \_\_\_\_\_\_ Rabies \_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose:\_\_\_\_\_\_

Special Conditions/Instructions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEEDING:**

Wet \_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_How Often:\_\_\_\_\_\_\_\_

Dry\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_How Often:\_\_\_\_\_\_\_\_

Treats:\_\_\_\_\_\_ Amount:\_\_\_\_\_\_How Often:\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BELONGINGS LEFT**:\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* I understand that CLARK’S CANINE CAMP cannot be held responsible for lost, dirty, damaged or destroyed belongings.

May we use photos of your pet taken while boarding here as part of our advertising? Yes/No

**FOR OFFICE USE ONLY**

**KENNEL PROFILE**:

Quiet\_\_\_\_\_\_\_Shy\_\_\_\_\_\_\_Noisy\_\_\_\_\_\_\_Fearful\_\_\_\_Aggressive: People\_\_\_\_\_ Animals\_\_\_\_\_\_ Escapist\_\_\_\_\_\_Digger\_\_\_\_\_\_ Climber\_\_\_\_\_\_\_ Counter Surfer\_\_\_\_\_\_Marker\_\_\_\_\_\_

I certify that I am the owner of the pet(s) listed on this card.

I agree to pay the boarding fee in effect the date the pet is checked into CLARK’S CANINE CAMP, and further agree to pay for all costs and charges for any special services requested, and for all costs for damage or injury caused by my pet during the time my pet is in care of CLARK’S CANINE CAMP. I agree to pay all charges when I pick up my pet, or my pet will not be released from the care of CLARK’S CANINE CAMP. I understand that any pet left for 10 days beyond the agreed upon pick-up date will be taken to the Bitterroot Humane Association and owner is still responsible for all costs incurred to CLARK’S CANINE CAMP.

CLARK’S CANINE CAMP will exercise due and reasonable care to prevent injury or illness to my pet while it is their care. All pets are boarded by CLARK’S CANINE CAMP without liability on their part for loss or damage, from disease, death, running away, theft, fire, injury to persons or other animals or property by said pet, fence climbing, or other unavoidable causes, due diligence and normal care and caution having been exercised.

In the event of illness or injury, I hereby grant permission to CLARK’S CANINE CAMP to act in my behalf, and in my pet’s best interest, by obtaining veterinary care at my expense, if deemed necessary for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during it’s stay in this facility.

By signing this Contract, I certify to the accuracy of all information provided about pet on this card. This Contract applies to this stay at CLARK’S CANINE CAMP as well as all subsequent stays for one year.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_