

Puppy Pirates Canine Questionnaire

Your Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell () _____ Email Address: _____

How did you hear about us?

Drive by Google search Word of mouth Other _____

In Case of Emergency (Contact)

Name: _____

Cell () _____

Alternate pick up person

Veterinarian:

Name: _____ Phone () _____

Address _____

PET INFORMATION

Name: _____ Sex: M / F Spayed/Neutered

Age: _____ Birthday: _____ Breed: _____

Color: _____ Weight: _____

Signature:

_____ Date: _____

Puppy Pirates Dog Camp Care Agreement

Has your dog received any training?

Yes No

If so, what kind/where?

What commands does your dog know

Sit Stay Down Off

Others _____

Any special commands for going to the bathroom?

Yes No

Explain _____

How does your dog react to other dogs? (Generally) _____

Scared Playful

How does your dog react to strangers?

Nervous Shy/Timid Friendly Couldn't care less

Other _____

Does your dog have any kinds of people he/she fears or dislikes
(people wearing hats, glasses, beards, etc) Yes No

If yes describe: _____

Has your dog ever bitten someone? Yes No

If yes describe: _____

PUPPY PIRATES DOG CAMP

MEDICAL RELEASE FORM

This is a required form for all Puppy Pirates Dog Camp participants receiving services.

First and foremost the safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason it is a requirement to have our pet parent's signs this form.

I understand that in the event of a medical emergency, that Puppy Pirates Dog Camp at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize Puppy Pirates Dog Camp to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Puppy Pirates Dog Camp.

Signature of Owner _____ Date _____

Printed Name _____

Puppy Pirates Dog Camp Guidelines

- All dogs must be free of parasites (fleas and ticks). All dogs are inspected upon entry into the facility and if parasites are found they will be given an oral flea medication at an additional cost to you.
- Our guests must be a minimum of four months of age.
- Dogs must be in a good condition of health. (No coughing, vomiting, diarrhea 48 hours prior to arrival at the facility)
- We cannot accept aggressive or anti-social aggressive dogs.
- All dogs must be brought in and out of the facility on a collar and leash.
- All dogs must have current vaccination records to include DHLPP (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus), BORDETELLA, RABIES and a negative fecal. Please bring a copy of your pets vaccination records with you. Always plan ahead as your vet may be closed.
- Prior to Boarding with us, your dog **MUST COMPLETE** the temperament evaluation as our facility is NOT designed to handle dogs in segregation.
- Dogs wishing to stay with us must be spayed or neutered after 6 months of age (Unaltered dogs destabilize the pack, and are at greater risk for injury by other dogs)

Your Pet must be up to date on the following to insure they have a safe stay with us

- **Rabies-1 year or 3 year**
- **DHLPP Distemper, hepatitis, leptospirosis, parainfluenza, and parvovirus)-1 year or 3 year**
- **BORDETELLA (Kennel Cough)- every 6 months**
- **Negative Heartworm, Fleas/ticks**
- **Negative fecal (every 6 months)**
- **Canine influenza**

ALWAYS CHECK TO INSURE YOUR PET HAS BEEN VACCINATED AGAINST BORDETELLA AND THE NEW CANINE INFLUENZA DUE TO THE RECENT OUTBREAK OF THIS VIRUS

We are happy to accept older and disabled pets as we have a special area separate from the other dogs to care and give them the extra care and needed attention.

Currently the closest animal hospital is:

Airport Road Veterinary
7000 Highland Rd
Waterford MI 48327

The closest 24 hour Emergency room is:

Oakland Veterinary Referral Services
1400 S. Telegraph Rd
Bloomfield MI 48302

Boarding information

- Dogs boarding need to be dropped before 5pm.
- Pick up needs to be before 3pm on the day of departure or you will be charged for an additional day.
- The price does include daycare
- All medications coming into the facility need to be in their original bottle. There will be a \$5 administration fee for giving medication/day
- A deposit of half of the boarding costs is required prior at drop off

How long is your dog boarding?

Dates: _____

How often does your dog eat?

Once Twice Three times a day

How much? _____

Name of food _____

Does he/she have any food allergies? _____

Can he/she have a different food (if not eating)? _____

Can he/she have treats? _____

What belongings are you bringing with him/her?

Would you like us to trim your pet's nails while staying with us? (there is a \$15 fee)

Yes No

Is your pet on any medications?

Yes No

Name of medication

How often given/times?

Any additional information or special instructions?
