

Puppy Pirates Questionnaire

Your Name: _____

Address: _____

City _____ State _____ Zip _____

Cell (_____) _____

Work Phone (_____) _____

Email Address: _____

How did you hear about us?

Drive by Google search Word of mouth Other _____

Alternate pick up person

Veterinarian:

Name: _____ Phone(_____) _____

Address _____

PET INFORMATION

Name: _____ Sex: M / F Spayed/Neutered

Age: _____ Birthday: _____ Breed: _____

Color: _____ Weight: _____

Signature:

_____ Date: _____

Has your pet been to a different daycare ? Yes No

Which one? _____

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 _____

Has your dog been socialized from puppy hood until now?

Yes No

If not, why? _____

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 receive flea and tick preventative? Y / N

Type: Oral Topical

Frequency: _____

Is there anything we should know about your dog?

Signature:

_____ Date: _____

PUPPY PIRATES DOG CAMP

MEDICAL RELEASE FORM

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

RELEASE OF LIABILITY: Safety is our #1 priority. Owner understands and agrees that during normal dog play, owner's dog may sustain injuries. Dog play is monitored by Puppy Pirates Dog Camp staff to best avoid injury, but scratches, punctures, torn ligaments and other injuries may occur despite the best supervision. Owner further understands and agrees that neither daycare/boarding nor any of its employees or staff will be liable for any illness, injury, death, and/or escape of Owner's dog(s) and Owner hereby releases Puppy Pirates Dog Camp and staff of any liability of any kind whatsoever arising from or as a result of owners dog attending Puppy Pirates Dog Camp. **Initial** _____

VETERINARIAN LIABILITY AND CARE:

Owner agrees to be fully responsible for the cost of any such medical treatment and for the cost of any transportation for the purposes of such treatment. Owner gives permission to Puppy Pirates Dog Camp to use Owner's vet or nearest 24-hour vet hospital for required treatment. **Initial** _____

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 _____

Phone # _____

Puppy Pirates Dog Camp Health release

I _____, certify that my dog(s)

_____ is/are in good health, have not been had any communicable diseases, parasites or have been ill in the last 30 days. I also certify that they have not harmed or shown aggressive or threatening behavior towards any person or another dog.

I understand that Puppy Pirates dog camp is an open-play environment and because of this there are inherent risks. We do require all dogs to be current on vaccines, flea and tick as well as heartworm preventative which even when closely monitored, may result in the following:

- Transfer of communicable parasites or an illness such as, but not limited to, canine papilloma virus (puppy warts) or an upper respiratory illness (kennel cough), fleas, etc, which can be caused by a contagious bacteria or virus.
- Injuries, usually benign, such as broken nails, puncture wounds, abrasions and cuts, etc.
- Behavioral issues-We do require all dogs to undergo a 3 day evaluation process prior to becoming a member of Puppy pirates dog camp however, issues may arise.

Release: Puppy pirates and their team will not be liable for any health or behavioral problems that develop in my dog and I hereby release then of any liability of any kind whatsoever arising from my dog, attendance and participation at Puppy pirates Dog Camp. I am solely responsible for any harm, including to other dogs or employees or other physical property of Puppy pirates dog camp, caused by my dog while he/she is attending Puppy pirates dog camp.

Crate usage: I authorize my dog to be placed in a crate during but not limited to evaluation, boarding and/or daycare.

I have read and understood all terms of this agreement.

Parent signature

Date

Phone # _____

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 Please bring a copy of your pets vaccination records with you or your vet can email them to:
www.puppypiratesdogcamp@gmail.com
- 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
- 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.

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

- **Rabies vaccine**
- **DHLPP vaccine (Distemper, hepatitis, leptospirosis, parainfluenza, and parvovirus)**
- **BORDETELLA vaccine(Kennel Cough)**
- **Negative Heart worm test**
- **Proof of flea/tick preventative**
- **Negative fecal (every 6 months)**
- **Canine influenza vaccine**

Boarding information

- Dogs boarding need to be dropped off before 3pm.
- 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.
- A deposit of half of the estimated boarding time is due at drop off. The remainder of the cost is due upon pickup.
- You may bring your own bedding but please know that it may be washed if it gets soiled/dirty
- **Please bring your pets own food.**

How long is your dog boarding?

Dates: _____

Has your dog ever boarded overnight before? / If so where?

How often does your dog eat?

Once Twice Three times a day

How much? _____

Name of food _____

Does he/she have any food allergies? Yes No

Can he/she have a different food (if not eating)? Yes No

Can he/she have treats? Yes No

What belongings are you leaving with him/her?

Is your pet on any medications?

Yes No

Name of medication How often given/times?

Any additional information or special instructions?
