



CAMP WINTERGREEN - DAYCARE APPLICATION FORM

OWNER INFORMATION

How Did you Hear About the Camp Wintergreen? _____

Your Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Primary Phone #: _____

Secondary Phone #: _____

Other: _____

Email: _____

If this is a PO Box address, please also provide us with your physical address:

If we can't get in touch with you who can we call? (Contact)

Name: _____

Home Phone: () _____

Work Phone () _____

Cell () _____

Work () ____ - _____

Email Address: _____

Veterinarian:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone () ____ - _____

Is your dog under an alternate last name at the Veterinarian's office?

If so what name? _____

PET INFORMATION

Your pet's name: _____ Sex: M / F

Spayed/Neutered Y / N

Age: _____ Birthday: _____

Breed: _____

Color: _____ Weight: _____

Micro Chip Y / N # _____

Feeding schedule: _____

Brand and Type of Food: _____

Is your dog allowed to have treats? Y / N (if yes, what type) _____

Where did you get your pet? _____

How long have you had him/her? _____

If you have not had him/her from puppyhood, what do you know of its prior history?

Are there any other animals in the household? (Species/ Breed / Age)

What is the make-up of your household?

Adult Males _____ Adult Females _____

Children/Ages _____

Which family member is your dog most fond of? _____

Which sex is your dog most fond of? M / F

Please describe your dogs overall temperament: _____

How does your dog react to other dogs in general?

How does your dog react to others dogs or people who come into your home?

Has your dog every participated in play at a dog park? Y / N

If yes how did he/she react with the other dogs? _____

How does your dog react to strangers (outside of the home environment?)

Does your dog have any kinds of people he/she automatically fears or dislikes? Y / N

If yes describe: _____

Does your dog have any kinds of dog that he/she automatically fears or dislikes? Y / N

If yes describe: _____

Has your dog ever bitten someone? Y / N

If yes describe: _____

Has your dog ever been in a fight or bitten another dog? Y / N

If yes describe: _____

Has your dog ever escaped or attempted to escape by digging/jumping or climbing fences? Y / N

If yes describe: _____

Does your dog jump on people? Y / N

If yes describe: _____

Do you walk your dog? Y / N

How often? _____ Distance? _____

What other exercise does your dog receive? _____

How often? _____

Does your dog have any behavior issues that you are aware of, if so please describe?

Does your dog have a circumstance or situation that he/she is frightened of? Y / N

If yes describe: _____

Describe how you would calm the dog during this situation: _____

Is your dog housebroken and/or crate trained? _____

Does your dog play with toys? Y / N

What are his/her favorites? _____

Is your dog toy possessive? Y / N

Describe: _____

Has your dog shared toys/food/water with other dogs before? Y / N

Were there any problems? _____

Has your dog ever played on playground or agility equipment before? Y / N

Do you feel that play equipment would be inappropriate for your dog? Y / N

Describe: _____

Does your dog prefer a particular sex of dog?

Describe: _____

Has your dog ever received any formal training? Y / N

Where and When? _____

Does your dog know any commands? Y / N

Describe: _____

What special commands does your dog know? _____

Bathroom Command: _____ Quiet Command: _____

Play Command: _____ Other: _____

What do you do with him/her when you leave the home? _____

How does he/she react when you get home? _____

Does your dog have any health concerns that you are aware of? Y / N

Describe: _____

Does your dog have any medical restrictions on his/her activities? Y / N

Describe: _____

Is your dog currently on any medication? Y / N

Describe: _____

Does your dog have any allergies? Y / N

Describe: _____

Does your dog like to receive brushings? Y / N

How often is he/she brushed? _____

How does your dog react to getting his/her nails clipped? _____

Does your dog have any areas on his/her body that he/she does not like to be touched? Y / N

Describe: _____

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N

Describe: _____

Does your dog receive flea and tick preventative? Y / N

Brand: _____ Type: _____

Frequency: _____

Is there anything else that you believe we should know about your pet?

If accepted into Camp Wintergreen, when would you like your pet to start sessions?

How many days a week are do you want daycare for your pet?



CAMP WINTERGREEN - PET CARE AGREEMENT

Your Name: _____

Dog's Name: _____ Age: _____ Breed: _____

1. I understand that Camp Wintergreen has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog.
2. I certify that my dog has not had or been exposed to any communicable diseases or conditions in the past two weeks, and that if my dog does become exposed, that is my responsibility to inform Camp Wintergreen of this exposure. I understand that my dog cannot come back in to the Daycare program without a letter of good health from my veterinarian.
3. I further understand that Wintergreen Kennels LTD. and Camp Wintergreen (a fully owned subsidiary of Wintergreen Kennels, LTD.) their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by Camp Wintergreen. I hereby release Camp Wintergreen of any liability of any kind arising from my dogs participation in any and all services provided by Camp Wintergreen.
4. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by the staff of Camp Wintergreen in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regard to the behavior and health of my dog.
5. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I understand that while the socialization and play is closely and carefully monitored by Camp Wintergreen's staff to prevent injury, it is still possible that during the course of normal play my dog may receive

minor nicks and scratches from roughhousing with other dogs. I also understand there is always the possibility of serious injury when animals interact. Any injuries to my dog will be pointed out by staff upon pick-up.

6. I agree to allow Camp Wintergreen to take photographs and/or video images of my pet and allow them to use these print and/or video images for publication and/or promotional purposes. Camp Wintergreen will not identify your pet by name.

7. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while he/she dog is attending any services provided by Camp Wintergreen

8. I understand that in addition to the cost of the passes I understand that I will be assessed a \$15 late fee for the first ten minutes, and \$1.00 for each additional minute that I pickup my dog, beyond the 6pm closing time. At 6:30pm any animal not picked up will be transferred over to the care of our sister facility, Wintergreen Kennels, and I will be charged for this service according to their fee schedules. Continued abuse of the pickup policy may lead to the dismissal of my dog from the Daycare program and forfeiture of any unused pass days.

9. I understand that if I have misrepresented myself or my dog, or if I habitually leave my dog after the operating hours of the daycare that I may be asked not to return to the daycare, and all prepaid amounts for daycares services will be forfeit.

Signature of Owner _____ Date _____

Printed Name _____



CAMP WINTERGREEN - MEDICAL RELEASE FORM

This is a required form for all Camp Wintergreen participants receiving services.

First and foremost the safety and well being of your pet(s) is of the highest importance to all of us at the Camp Wintergreen. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We ask for assurances of health from all of our participant's owners, and monitor dogs while they are in our care, 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 as fast as is feasibly and safely possible. We will notify you, the owner, of any emergency as soon as possible, so long as it does not hinder the health of the animal. For that reason it is a requirement to have our pet parent's sign this form.

I understand that in the event of a medical emergency that Camp Wintergreen at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize Camp Wintergreen to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical costs including, but not limited to transportation, and any and all veterinary services my pet(s) may receive as a result of a medical emergency while attending services provided by Camp Wintergreen.

Signature of Owner _____ Date _____
Printed Name _____

This form is good for one year from the date it is signed.