

CAMP CHARLIE APPLICATION

OWNER INFORMATION

Client Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Other: _____

Emergency Contact: _____ Phone #: _____

DOG INFORMATION

Owners must provide copy of vaccination records

Dogs name: _____ Breed: _____ Sex: M ___ F ___

Age: _____ Date of birth(optional) _____ Weight: _____ Spayed: _____ Neutered(required) _____

Veterinarian: _____ Phone #: _____

Medical Conditions (i.e. arthritis, heart conditions, other): _____

Allergies: Food _____ Other _____ Coments: _____

RABIES: date _____ DHLPP: date _____ BORDATELLA: date _____

Flea Treatment: _____

PROFILE

Known Comands: _____

Favorite Activities: _____

Favorite Toys: _____

Energy Level: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

Enjoys Swimming: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

Attention/Temperament Level: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___

Any fears: (loud noises, thunder etc.) _____

Other Helpful Information: _____
