

Camp Charlie Boarding Contract

Please fill out and return to C.C. with current vaccine records Fax: 425-844-0751

Client Information:

Name: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____ Email: _____

Address: _____

Emergency Contact: _____ Phone: _____

Second Emergency Contact: _____ Phone: _____

Vet Name: _____ Phone Number: _____

Visiting From: _____ To: _____

Pet Information:

Pet 1: _____ Breed: _____ Color: _____

Sex: _____ Neutered: _____ Spayed: _____ Birthdate: _____ or Age: _____ yrs _____ mos

Food: _____

Amount: AM _____ Mid-Day _____ PM _____

Treats: _____

Medication: _____ AM _____ Mid-day _____ PM _____

Vaccinations: (expire date): Bordetella: _____ DHLPP: _____ Rabies: _____

Additional Info: _____

Pet 2: _____ Breed: _____ Color: _____

Sex: _____ Neutered: _____ Spayed: _____ Birthdate: _____ or Age: _____ yrs _____ mos

Food: _____

Amount: AM _____ Mid-day _____ PM _____

Treats: _____

Medication: _____ AM _____ Mid-day _____ PM _____

Vaccinations: (expire date): Bordetella: _____ DHLPP: _____ Rabies: _____

Additional Info: _____

Pet 3: _____ Breed: _____ Color: _____

Sex: _____ Neutered: _____ Spayed: _____ Birthdate: _____ or Age: _____ yrs _____ mos

Food: _____

Amount: AM _____ Mid-day _____ PM _____

Treats: _____

Medication: _____ AM _____ Mid-day _____ PM _____

Vaccinations: (expire date): Bordetella: _____ DHLPP: _____ Rabies: _____

Additional Info: _____

Client Signature: _____ Date: _____

Waiver

I understand that my dog(s) will have close and intimate contact with other dogs during its stay at Camp Charlie. Even though all dogs must pass a non-aggressive evaluation prior to their stay at Camp Charlie, there is still that unforeseen possibility dogs could act out of character causing injury to other dogs. I agree not to hold Camp Charlie agents or staff liable in any way for these or any other unforeseen injuries. If injury occurs, the Camp Charlie staff will attempt to contact me. However, if they are unable to reach me for whatever reason, I authorize Camp Charlie to seek emergency veterinary care, and agree to pay for any fees that may result.

To ensure the health and safety of all our dogs at Camp Charlie, we are asking that you take the time to make sure your dog(s) are current on their vaccines so we can update our records. We would especially like to remind you of the Bordetella vaccine to prevent kennel cough. Camp Charlie requires this vaccine to be given a minimum of every 8 months. If your dog is showing any symptoms of kennel cough (i.e. coughing, hacking) please have them cleared by your vet prior to boarding.

Payment is due by **cash** or **check** only at time of check out.

Check out is at noon – after this time a late fee will be added.

Check in and check out are between the hours of 7AM to noon or 4PM to 6PM.

Signing this waiver means agreement to the above terms and conditions for this visit and any future visits to Camp Charlie.

Client Signature: _____ Date: _____