



## Boarding Kennel Sign in Sheet

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about Camp Schultz? \_\_\_\_\_

Please List any other individuals other than yourself we can contact in the event of an emergency if we cannot reach you directly

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Are you a member of the armed forces? [YES] [NO]

Is there another number where we can reach you while you're away?

\_\_\_\_\_

I certify I am the owner of this pet! I hereby grant Camp Schultz Boarding Kennel to take my pet to the Veterinarian of their choice for medical treatment! I also know by signing this document that I am responsible for (ANY) & (All) costs that are incurred for treatment prescribed by the Veterinarian.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Here at Camp Schultz as a courtesy to our clients, we recommend that you get your pets vaccinated for Bordatella every 6 months!! We are also notifying you that you should have your bordatella shot done 7 to 10 days before your pet stays with us!! Otherwise your pet WILL NOT be fully protected against Kennel Cough. We do everything we can to prevent Kennel Cough here at Camp Schultz but it is an airborne virus and dogs with no symptoms can be carriers. If your pet has any symptoms of runny nose or coughing we recommend you taking them to your vet. By signing this you are acknowledging that we have informed you of this virus.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name (s) \_\_\_\_\_

Circle one: [Dog] [Cat] Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Circle One: [Male] [Female] Spayed/Neutered [Yes] [No]

My Pets primary Veterinarian/Clinic is:

\_\_\_\_\_

Does your Pet have any Allergies? [Yes] [No] If so what?

\_\_\_\_\_

If there is any pre-existing medical conditions that the staff needs to be aware of? \_\_\_\_\_

\_\_\_\_\_

Thank you for choosing Camp Schultz for all your boarding needs!!

Be sure to ask about:

Personal Playtime, Fresh Bubble baths and much more!!