Rocky Creek Veterinary Hospital & Pet Resort



**Day Camp Intake Information. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ ZIP Code: \_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_**

**Person’s Authorized to pick up my camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where did you get your camper?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you had him/her?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your dog ever been socialized with unfamiliar dogs, such as attending day camp or visiting dog parks?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you best describe your dog?** (Please circle all that apply)

Outgoing Verbal Sensitive Timid Affectionate Pushy

Reserved Confident Excitable Submissive Mouthy Independent

**Will your dog become unfriendly or frightened in any of these situations?**

Grabbing Collar Hugging Touching while sleeping Approached by a man

Approached by a woman Approached by children

Touching ears, mouth, paws, rear Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe your dog’s unfriendly/frightened behavior.** (Circle all that apply)

May bite Growl Snap Show Teeth Freezes Trembles Moves away

**Has your dog ever bitten another dog or a person?** Yes or No

**Has your dog ever jumped a barrier or a fence?** Yes or No

**Can you take food or toys away from your camper without him/her growling?** Yes or No

**Does your camper play well with dogs of all sizes?** Yes or No

**Is your camper afraid of thunderstorms?** Yes or No

**Are there any restrictions that should be placed on your Camper’s activities?** Yes or No

**Is your Camper Spayed or Neutered?** Yes or No

**Are there any behavioral issues?** (Please explain.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What do you hope day camp will provide for your pet?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CAMPER RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT (THE “AGREEMENT”)**

THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE THE OWNER(S) OF ROCKY CREEK VETERINARY HOSPITAL (“Camp”). DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ AND UNDERSTAND IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

In consideration for your dog(s) (“Camper”) being permitted to come to Camp, you agree to all the policies, procedures, release, terms and conditions set forth below. Rocky Creek Veterinary Hospital shall hereinafter be referred to as “RCVH” or “camp”).

1. All Campers Must:

1. be current on Rabies, Dhpp, Bordetella, Fecal, Leptospirosis and Canine Influenza Combo.
2. be at least 3 months old
3. be spayed or neutered if over 1 year old
4. be in general good health and free of ticks and fleas
5. be non-aggressive towards other dogs and people
6. not be protective of toys
7. complete the New Camper interview process and evaluation
8. meet all municipal and state licensure and other requirements
9. have a quick release collar that contains an identification tag bearing the camper’s name and owners information
10. be leashed when entering and exiting Camp

2. Person Property: RCVH will not be liable for any lost, stolen or damaged personal property belonging either to you or your camper(s).

3. Fees: You must pay for all services and products by Credit card cash or check. Al payment is due at the time you pick up your Camper from Camp.

4. Cancellation and Refund Policy:

5. Aggressive dogs: although RCVH loves all dogs, to come to camp your campers may not be aggressive and must pass RCVH interview process in RCVH’s sole discretion. Your Camper may be separated from other campers or ask not to return of he/she exhibits aggressive or otherwise unacceptable behavior. Such determinations will be made at the sole discretion of RCVH.

6. Duty to Disclose. You must disclose on a continuing basis, any and all medical or other conditions, including but not limited to personality concerns or behavioral incidents that in RCVH’s sole discretion, may affect, limit or prevent your Camper’s ability to participate in any Camp activity.

7. ACCEPTANCE AND ACKNOWLEDGMENT OF RISK. YOU FULLY UNDERSTAND THAT: (a) THERE ARE INHERENT AND POTENTIAL RISKS INVOLVED WITH INTERACTIONS BETWEEN HUMANS AND DOGS, AS WELL AS BETWEEN DOGS AND OTHER DOGS, WHICH MAY RESULT IN PROPERTY DAMAGE OR BODILY INJURY, INCLUDING BUT NOT LIMITED TO, PERMANENT DISABILITY, SICKNESS OR DEATH TO HUMAN OR DOG; AND (b) THERE MAY BE OTHER RISKS NOT KNOWN TO YOU OR RCVH, NOR READILY FORESEEABLE AT THIS TIME (COLLECTIVELY, “RISKS”). YOU FULLY ACCEPT AND ASSUME ALL RISKS AND RESPONSIBILITY FOR ALL RISKS, INCLUDING, WITHOUT LIMITATION, ALL LOSSES, COSTS AND DAMAGES INCURRED AS A RESULT OF YOUR CAMPER’S PARTICIPATION AT RCVH, INCLUDING ANY VETERINARIAN EXPENSES INCURRED ON BEHALF OF OR CAUSED BY YOUR CAMPER. “SICKNESS” INCLUDES ANY ILLNESS NOT LIMITED TO BORDETELLA (KENNEL COUGH), BLOAT, OR ANY OTHER FORM OF CONTAGIOUS DISEASE.

8. Veterinarian Liability and Care. RCVH will have the right to obtain medical treatment for your Camper, if, in RCVH’s sole discretion, it appears that your Camper may be ill, injured or exhibits any other behavior that would reasonably suggest that your Camper may need medical treatment. Reasonable efforts will be made to contact you when RCVH determines that medical treatment is necessary, but if RCVH is unable to contact you or your emergency contact, RCVH and the veterinarian may rely on this document as your consent to treat your Camper. You hereby grant the veterinarian and RCVH the right to make medically necessary decisions for your Camper’s treatment, and release RCVH and the veterinarian from all liability for the same. If you are unable to be reached but your emergency contact is reached, you hereby grant your emergency contact the right to make medically necessary decisions for your Camper’s treatment. YOU WILL BE FULLY RESPONSIBLE FOR ALL COSTS RELATED TO ANY MEDICAL TREATMENT. You must also provide veterinary records to RCVH upon request, and you hereby grant RCVH permission to request and obtain veterinary records directly from your Designated Veterinarian, if RCVH is unable to obtain necessary records from you.

9. WAIVER, RELEASE AND INDEMNIFICATION. YOU HEREBY AGREE TO EXPRESSLY AND FOREVER GENERALLY WAIVE, DISCHARGE CLAIMS, INDEMNIFY, RELEASE FROM LIABILITY, SAVE, HOLD HARMLESS AND DEFEND RCVH, their invitees, owners, officers, directors, employees, contractors, volunteers, agents, representatives, lessors, and all others having an interest in any RCVH party (collectively, the “Releasees”) from and against ANY AND ALL INJURY, LIABILITY, CLAIMS, LITIGATION, ACTIONS, SUITS, COSTS, LOSSES, DAMAGES, ATTORNEY’S FEES, EXPENSES OR DEMANDS OF EVERY CHARACTER WHATSOEVER on account of, arising out of, resulting from or relating in any way to (i) any act or omission of the Releasees, (ii) your Camper’s participation at any Camp, pet care services, or otherwise. YOU AGREE THAT THIS RELEASE IS BINDING ON YOU AND YOUR SUCCESSORS, HEIRS, LEGAL REPRESENTATIVES AND ASSIGNS. YOU ALSO EXPRESSLY AND FOREVER RELEASE RCVH FROM ANY DUTY TO PROTECT YOU OR YOUR CAMPER FROM INJURY OF ANY KIND, AND AGREE THAT ANY IMPLEMENTATION OF SAFETY PRECAUTIONS BY RCVH WILL NOT WAIVE RCVH’S RIGHT TO BE INDEMNIFIED AS PROVIDED HEREUNDER, AND SUCH PRECAUTIONS WILL NOT ALTER THIS RELEASE. I INTEND FOR THIS AGREEMENT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OF RCVH TO THE GREATEST EXTENT PERMITTED BY LAW; I AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE, THE REMAINDER OF THIS AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT.

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate a good fit for Camp: \_\_\_\_\_\_\_\_\_

Date of First Free Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_