



# Registration

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Please Print Clearly!

Dog's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Breed or Mix \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Is this dog spayed/neutered? Yes? \_\_\_\_\_ No? \_\_\_\_\_

Date of birth (approx. if not sure) \_\_\_\_\_

Colouring \_\_\_\_\_

Distinguishing Physical Characteristics \_\_\_\_\_

Any permanent Identification yes \_\_\_ no \_\_\_ chip# \_\_\_\_\_ tattoo \_\_\_\_\_

Do you have Health Insurance for this dog? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of insurer \_\_\_\_\_

Policy# \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ fax# \_\_\_\_\_

Do you have an emergency veterinary clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Vet's name \_\_\_\_\_

Address \_\_\_\_\_

Tel# \_\_\_\_\_ Fax \_\_\_\_\_

Please ensure that your dog is up to date on the following vaccinations:

(\* = required)

**We also require a copy of the vet's certificate of vaccinations**

Rabies\* \_\_\_\_\_ Distemper\* \_\_\_\_\_ Hepatitis\* \_\_\_\_\_

Kennel Cough\* (Tracheobronchitis) note: twice yearly for multiple boarding and 30 days in advance of boarding) \_\_\_\_\_ Date? \_\_\_\_\_

Leptospirosis \_\_\_\_\_ Giardiasis \_\_\_\_\_ Coronavirus \_\_\_\_\_

**External parasite prevention is required for fleas & ticks (flea collars are not acceptable).** Which do you use?

Advantage \_\_\_\_\_ Frontline \_\_\_\_\_ Biospot \_\_\_\_\_ Revolution \_\_\_\_\_

Other \_\_\_\_\_ What kind? \_\_\_\_\_



## Camp LotsaDogs

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Is this dog on any medications, vitamins, supplements, etc? Yes \_\_\_ No \_\_\_

If YES, details \_\_\_\_\_

Does this dog have any allergies? Yes \_\_\_ No \_\_\_\_\_

Describe \_\_\_\_\_

Has this dog been checked for intestinal parasites (i.e. fecal) yes \_\_\_ no \_\_\_

Is this dog on Heartworm Prevention? Yes \_\_\_ No \_\_\_ what type ?

Revolution \_\_\_ Sentinel \_\_\_ Heartguard \_\_\_ Proheart \_\_\_ Interceptor \_\_\_

Has the dog had a heartworm test in the last 12 months? Yes \_\_\_ No \_\_\_

**\*External and Internal Parasite as well as Heartworm testing and appropriate prevention is required. Confirmation should be provided on the Veterinarian's Certificate**

In order to prevent stomach upset, you are to bring a sufficient amount of your dog's usual food for your dog's stay.

What brand of food do you feed this dog? \_\_\_\_\_

Is the food: Dry \_\_\_ Canned \_\_\_\_\_ both \_\_\_\_\_

How much do you feed this dog? \_\_\_\_\_

How often? \_\_\_\_\_

Should your dog refuse to eat the first day or two, is he allowed any 'people food' to be mixed into his regular food such as bacon fat or cheese?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does this dog get along with people? Yes \_\_\_ No \_\_\_\_\_

Any people phobias? Yes \_\_\_ No \_\_\_\_\_ Type of phobia \_\_\_\_\_

Does this dog get along with other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, types of dogs or reasons ? \_\_\_\_\_

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Will this dog generally come when called? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this dog have any phobias/idiosyncracies (thunderstorms, needs to be kissed on the head before eating, etc) yes \_\_\_ no \_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_





# Camp LotsaDogs

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Owners Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone# \_\_\_\_\_  
Work Phone# \_\_\_\_\_ ext \_\_\_\_\_  
Cell # \_\_\_\_\_ Fax# \_\_\_\_\_  
Email address: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_  
Phone# \_\_\_\_\_ work# \_\_\_\_\_  
Any alternate names or numbers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact information while you're away?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of Camp LotsaDogs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The management and staff of Camp LotsaDogs are dog lovers who endeavour to create a positive, friendly, safe and enjoyable experience for all dogs in their care.

Camp LotsaDogs undertakes to use reasonable efforts to ensure the safety, security and well being of all the dogs entrusted to its care.

Please read and sign the following waiver. This completes the application process.  
Thank you.

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