



# Camp Schultz Sign in Sheet

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

#1 Name \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone # \_\_\_\_\_

Are you a member of the Military? Yes/No

**Pet Name(s):** \_\_\_\_\_

Circle One: **Dog** or **Cat** Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Circle One: Male Or Female **Spayed/Neutered?** Yes or No

My Pets primary Vet is: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your Pet have any **Allergies** that we should be aware of? Yes or 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!!*



1. Please circle either **yes** or **no** for the choices given below

**YES** I want my pet to have bedding, & to the best of knowledge my pet does not eat bedding or toys.

**NO** I do not want my pet to have bedding, because my pet may eat bedding and/or toys.

2. Please circle either **yes** or **no** for the choices given below

**YES** My dog has the ability to jump over or climb a 6 foot chain link fence.

**NO** My dog does not have the ability to jump over or climb a 6 foot chain link fence.

3. Please circle either **yes** or **no** for the choices given below

**YES** It is ok to add a little bit of canned food steamed chicken and rice to my dogs food if they don't feel like eating very much.

**NO** I do not want anything added to my dog's food my pet has a sensitive stomach or food allergies.

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 a responsible for (ANY) & (ALL) cost that are incurred for treatment prescribed by the Veterinarian.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Doggie Play Group Questionnaire and Release Form

### Requirements for Participation:

- Pets must be **Spayed** or **Neutered**
- Pets must be friendly toward other dogs
- Owner must request the doggie play group by signing this form, and must release that if for any reason we do not have a group that is compatible with your dog at the time of the request that no group play will take place.
- Our staff will evaluate each dog in the playgroup to ensure group compatibility.
- Our playgroups will be sorted according to size and disposition: small dogs with small dogs; large dogs with large dogs
- Dogs play by wrestling, mouthing, running and jumping - **Injuries Can Occur!**
- By signing this release form you will be giving us authority to get your dog whatever veterinary care they may need in the event of an injury that occurs and you will be responsible for the charges. We will make every attempt to contact you and keep you updated on any situations that occur.
- For privacy reasons, if your pet is injured by another pet at Camp Schultz we will not release that owner's information to you. However if you would like to leave your information for them we will pass it along. We cannot make them contact you or pay you for your pet's injuries.

Signature \_\_\_\_\_

Date \_\_\_\_\_



*Thank You for choosing Camp Schultz for all your boarding needs!!*