



Day Camp Application

Camp Curious Canine

245 Crawford Street

Fitchburg, MA. 01420

978-537-2475

www.campcuriouscanine.com

Owner Contact Information:

Name of Owner: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone #: (____) _____ - _____ Cell Phone#: (____) _____ - _____

Work Phone # (____) _____ - _____ Emergency contact #: (____) _____ - _____

Email: _____ Emergency contact Name: _____

Has your dog been enrolled in daycare before? Yes No If so, where? _____

Reason for leaving? _____

Have you done training classes ? Yes No If so, where and when? _____

Canine Camper Information:

Name of Dog: _____ Breed: _____ DOB ____/____/____

Sex: Male Female Spayed/Neutered: Yes No If yes, when?: ____/____/____

Does your dog have any health issues?: _____

How much exercise does your dog receive during the day?: _____

Name of Veterinary Clinic: _____ Telephone #: (____) _____ - _____

All Canine Campers need to have a yearly fecal test to check for intestinal parasites, please list the date of last

NEGATIVE fecal test: ____/____/____

Please list the last date that each vaccine was administered (we require the following vaccinations for all dogs enrolled in day camp):

Distemper: ____/____/____

Bordatella (Kennel Cough): ____/____/____

Rabies: ____/____/____

For office use only:				
Amount Paid: _____	Check #: _____	Cash: _____	Owed: _____	Confirmed: _____

Behavioral Information:

Please answer these questions as honestly as possible so that we can best serve you and your dog.

Does your dog display any of the following behaviors? How often do they occur? Please check.

	1 (Never)	2 (Almost Never)	3 (Infrequent)	4 (Frequent)	5 (Very Frequent)
<i>Bite/Snap</i>					
<i>Bark/Growl</i>					
<i>Snarl (show teeth)</i>					
<i>Jump up</i>					
<i>Beg</i>					
<i>Steal food</i>					
<i>Bark excessively</i>					
<i>Shy away</i>					
<i>Guard food</i>					
<i>Guard toys</i>					
<i>Guard owner(s)</i>					

Is your dog friendly with people?: Yes No Is your dog friendly with other dogs?: Yes No

If not, please explain: _____

Does your dog act pushy when playing with other dogs?: _____

Is your dog crate trained?: Yes No

Is your dog housetrained?: Yes No

Can you trim your dog's nails?: Yes No

Can you bathe your dog?: Yes No

Is there anything else we should be aware about regarding your dog? _____

I have completed this application as honestly as I can, and to the best of my knowledge the above answered questions and information are correct.

Signature of owner: _____ Date: _____