



Pioneer Valley Veterinary Hospital

Day Camp Registration

Owner Information

Acct # _____

Owner's Name: _____

Address: _____

Daytime Phone: _____

Emergency Contact: _____ Emergency Phone #: _____

Alternative pick-up people: _____

Camper Information

Pet's Name: _____

Age: _____

Sex: M / F

Color: _____

Breed: _____

Spay/neutered: Yes/No

Fecal analysis is required every six months for all campers and can be performed here at PVVH for an additional fee. Animals attending day camp are required to be on a monthly flea and tick preventative. If your camper is found to have internal or external parasites during day camp, they **will be** treated and you will be billed accordingly.

Day Camp Authorization

- I authorize Pioneer Valley Veterinary Hospital to treat my animal in case of any illness or injury during day camp.
- I **DO NOT** authorize Pioneer Valley Veterinary Hospital to treat my animal under any circumstances **EXCEPT** in cases of life threatening emergencies only.

I understand that PVVH will attempt to contact me and/or my designated emergency contact, **if possible**, before treatment is started. **I agree to pay all costs incurred during treatment.** I have read and completed the above information and authorization for my pet.

I understand that if I am late I may be unable to pick-up my animal until the next day. I also understand I will be charged for an additional day for any animal not picked up as scheduled. I agree to keep my dog on monthly flea and tick prevention and update the requirements as needed. Authorizations are good for one year from signature date. By signing below I certify that the above information is correct and I agree to all pay charges incurred during my camper's stay.

Signature (required)

Date

Witness

Date

For Office Use Only:

History: Veterinarian _____ **Telephone #** _____

Requirements Date Performed:

RV _____

DHPP _____

Lepto _____

BDTA _____

Fecal _____

Questionnaire reviewed - Staff Initials _____

Notes: _____
