



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: _____

Date of Birth: _____ Sex: M / F

Color: _____ Breed: _____ Spay/neutered: Yes/No

Day Camp Authorization

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

Animals attending day camp are required to be on a monthly flea and tick preventative.

Please be aware day camp is supposed to be a fun, interactive experience, however there are no guarantees in life. All dogs react differently and, we can not predict every dogs behavior in every situation. Due to the unpredictable nature of any dog put into a group situation, injuries can and will occur. Even a vigorous play session can turn into a disagreement resulting in minor injuries. We do everything possible to maintain a safe environment for the staff and dogs. There may be an instance where your dog receives injuries, we will inform you of any injuries we are aware of. Please also be aware in the instance of an altercation requiring medical attention, you are responsible for any medical costs incurred. Our hospital staff will evaluate your pet and call you with any recommended treatment.

- 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 a life threatening emergency.

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, and day camp questionnaire 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 _____

Notes: _____

Questionnaire reviewed by—Staff Initials: _____