



Registration Form

To ensure Canine Camp remains a safe and fun environment for all of its campers, please provide detailed information, including personal details and the details of your canine companion.

OWNER INFORMATION

Forenames

Surname

Address

Postcode

Telephone

Mobile

Work

Email

EMERGENCY CONTACT INFORMATION

Name

Telephone

Name of Veterinary Surgery

Address

Postcode

Name of Vet

Veterinary Surgery Telephone

CANINE CAMPER INFORMATION

Name

Breed

Color

D.O.B / /

Age

Female

Male

Neutered/Spayed? Yes No

Any lumps/scars? Yes No

PLEASE NOTE WE CANNOT ACCEPT UNEUTERED PETS OVER SIX MONTHS OF AGE

KC Registered? Yes No

Microchipped? Yes No

How long have you owned your dog? Years

Months



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CANINE CAMPER INFORMATION CONTINUED

Please provide information on where you got your dog

If adopted/rescued, please give a short description of your dog's history (if known)

VACCINATIONS*

Canine Distemper given / /

Canine Hepatitis given / /

Parvovirus given / /

Leptospirosis given / /

Bordatella/parainfluenza (Kennel Cough) given / /

DHP/L given / /

Last flea treatment given / /

Last worm treatment given / /

Please provide information on the flea, tick and mite prevention method used

*PLEASE PROVIDE US WITH A COPY OF YOUR DOG'S VACCINATION RECORDS

PLEASE NOTE ANY EMERGENCY CARE AND TREATMENT NEEDED WHILST YOUR DOG IS IN THE CARE OF CANINE CAMP LTD WILL BE PROVIDED BY MOORVIEW VETS. ALL TREATMENT WILL BE IN LINE WITH THEIR TERMS AND CONDITIONS. WE ASK THAT YOU TAKE THE TIME TO READ THESE T&C'S AS BY SIGNING THIS REGISTRATION FORM YOU ARE CONSENTING TO THE TERMS OUTLINED.

I can confirm the information provided is correct to the best of my knowledge.

PRINT NAME _____

SIGNATURE _____

DATE _____