



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

How did you hear about us?

EMERGENCY CONTACT INFORMATION

Name

Telephone

Name of Veterinary Surgery

Address

Postcode

Veterinary Surgery Telephone

CANINE CAMPER INFORMATION

Name

Breed

Colour

D.O.B / /

Age

Female

Male

Neutered?

Yes No

Any lumps/scars?

Yes No

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

KC Registered?

Yes No

Microchipped?

Yes No

How long have you owned your dog?

Years

Months



Registration Form

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)

How did you hear about us?

VACCINATIONS*

Canine Distemper given / /

Canine Hepatitis given / /

Parvovirus given / /

Leptospirosis given / /

Bordatella/Parainfluenza (Kennel Cough) 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 WHICH CAN BE VIEW ON BOTH WWW.CANINECAMP.CO.UK AND WWW.MOORVIEWVETS.CO.UK. 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 _____