



# REGISTRATION APPLICATION

- New Member/Interview
- Additional Member
- Existing Member Update

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Canine Camper Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex M / F

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ lbs

My Canine is Spayed / Neutered Y / N (Spay/Neuter is required 6+ months of age)

Veterinarian Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**VACCINATIONS:** Owner is required to provide veterinary proof of current Rabies, Distemper & Bordetella.

HOW DID YOU HEAR ABOUT DELTA DOG CAMP? (Circle one or more below)

Drive-By Website Yellow Pages Mail Newspaper Flyer E-Mail Special Event Referral Other

If Referral - Name of Referral \_\_\_\_\_

Have you ever used Doggy Day/Overnight Boarding Services Y / N Please List \_\_\_\_\_

What are your primary reasons for bringing your Canine to Delta Dog Camp? (Circle one or more below)

Loves to play / Extensive travel / Long work hours / Vacation / Don't like to leave home alone all day

**CANINE BEHAVIOR QUESTIONS** (Please answer the following questions as accurately as possible.)

Is there any PERSON, type of DOG, or SITUATIONS your dog seems to have a problem with? Y / N

If YES, please describe \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

Has your dog ever growled at or bit another PERSON or DOG? Y / N

If YES, please describe \_\_\_\_\_

Can you take a food item away from your dog without them growling? Y / N

Will your dog readily share toys with others - People & Dogs? Y / N

 Has your dog ever jumped a fence or barrier? Y / N


If YES, please describe \_\_\_\_\_


 Are there any areas on your dog's body where they DO NOT like to be touched? Y / N

If YES, please describe \_\_\_\_\_

 Has your dog ever socialized with a large group of dogs? (6 or more) Y / N

If YES, please describe \_\_\_\_\_

 Has your dog ever played with dogs over 15 pounds? Y / N

 Has your dog ever played with dogs under 15 pounds? Y / N

 Are there any restrictions that should be placed on your dog's activities? Y / N

If YES, please describe \_\_\_\_\_

 Is there anything else we should know about your Canine? \_\_\_\_\_

 DOES YOUR DOG REQUIRED MEDICATIONS DURING THEIR STAY? (list below) Y / N

Medication & dosage \_\_\_\_\_ to be given- Morning / Afternoon / Evening

Medication & dosage \_\_\_\_\_ to be given- Morning / Afternoon / Evening

 FEEDINGS - Owner to provide food - Brand \_\_\_\_\_ Use Delta Dog Camp Food

Feeding Schedule & Quantity Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

SPECIAL FEEDING INSTRUCTIONS \_\_\_\_\_

 EMERGENCY CONTACT NAME (someone not traveling with you and lives locally)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Others authorized to Drop off and/or Pick-Up your Dog(s) \_\_\_\_\_

*I the undersigned, acknowledge and agree that the above information provided in this application is complete and accurate to the best of my knowledge. I further acknowledge and agree that I have read, understand and agree to all terms and conditions contained in the Delta Dog Camp Policies, Procedures and Canine Release Waiver of Liability, Assumption of Risk and Indemnification Agreement as they may be amended from time to time, which are attached and fully incorporated into this application. I hereby execute the Agreement for my dog, myself and my heirs, successors, representatives and assigns. I further attest that if I am not the sole owner or representative of the dog subject to this application, that my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative.*

\_\_\_\_\_  
Owner/representative Signature

\_\_\_\_\_  
Printed Name


\_\_\_\_\_  
Date

Delta Dog Camp - Registration Application Acceptance -

\_\_\_\_\_  
Signature of Delta Dog Camp Representative

\_\_\_\_\_  
Date

# CAMP POLICIES, PROCEDURES AND CANINE RELEASE. WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

 **PLEASE READ CAREFULLY, THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE DELTA DAY CAMP LLC AND RELATED PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY.**

In consideration for my dog being permitted to attend Delta Day Camp (here in after DDC) for day and overnight boarding, I make the following representations and agree to all of the following policies, terms and conditions:

**1. Canine Requirements** - My Canine meets the following requirements he/she; has successfully completed the Behavioral Interview; is four (4) months of age or greater; he/she is spayed or neutered (if over the age of six (6) months of age); is current on his/her vaccinations: Rabies, Distemper & Bordetella (every 6 months no less than 4 days prior to visit for boarding or day camp; is in good general health and free of ticks and fleas; is not aggressive or protective of toys; meets all other municipal or state licensure and other requirements; is attending DDC with a quick release collar that contains an identification tag bearing the Canine's name and owner's current contact information. I have completed the DDC Registration Application and have provided DDC with a current valid information. My Canine(s) will enter and exit DDC with a leash.

**2. Canine Food** - I understand that my Canine will not be fed lunch. If I want my Canine to eat lunch, I must bring a container marked with my Canine's name and feeding instructions. DDC will provided overnight Canine's with food in accordance with the instructions provided in the Registration Application. All Canine's who are eating will be separate from the other Canines. **I understand that my Canine(s) will also be required a rest period of not less the One and One Half (1 1/2) hours of rest after feedings to prevent the risk of bloat.**

**3. Personal Property** - I agree that DDC shall not be responsible or liable for any lost, stolen or damaged personal property belonging either to me or my Canine. I also understand and agree that my Canine's collar may be removed in the play area to prevent injury to any dog. If my Canine causes any damage to the DDC facilities or equipment, I agree to be fully responsible for the cost of any repair or replacement.

**4. Daycare/Overnight Fees** - I agree to pay for all fees, services and products by cash or credit card at the time I pick up my Canine after each visit to DDC (exception - prepaid cards, those will be checked at the time of check in for balances available). I agree to any additional back fees on credit card/debit card charges.

**5. Late Fees and Charges - (After DDC's Posted Hours of Operations)** I understand that a fee of one (\$1) dollar per minute will be charged for each minute that I am late to pick up my Canine for up to a maximum of fifteen (15) minutes. If I am more then fifteen (15) minutes late to pick up my Canine, I will be charged the over night boarding fee and the late charge of fifteen (\$15) dollars. If advance notice is made prior to being late to make overnight accommodations there will be a five (\$5) dollar charge to the normal overnight rate for not having an overnight reservation. \*Reservations should be made at least 1 day in advance\* \* Above stated applies to Daycare & Overnight Boarded Canines\*

6. **Cancellation Policy** - I understand that I will be charged for a full night of boarding if I fail to cancel my reservation forty eight (48) hours in advance of reservation. I further understand that for no cancellation charge to apply, reservations for overnight boarding must be cancelled at least 48 hours in advance; however, if my reservation is within three days on either side of a nationally recognized holiday, my reservation must be cancelled within 72 hours of the first day of my reservation. If my reservation is not cancelled within 48 or 72 hours, respectively, of the first boarding date, I understand that I will be responsible for a cancellation fee of \$15.00 (per dog). If I fail to provide any advance notice of cancellation, I understand that I will be charged a no-show fee equivalent to the fee of two (2) nights boarding.

7. **Aggressive Dogs** - My Canine is not aggressive. Although DDC loves all dogs, I understand that aggressive dogs are not permitted and that if my Canine acts aggressively or exhibits unacceptable behavior he/she may be separated for the other Canine's in the group play area. DDC will use reasonable efforts to consult Canine's owner's about aggression and ways to address it, however aggressive dogs may be asked not to return to DDC. Such determinations shall be made at the sole discretion of DDC. If my Canine acts aggressively or exhibits unacceptable behavior toward DDC Staff, I further understand that I or my designated contact person, will be asked to remove my Canine from DDC Immediately. **\*\*\* WE DO NOT ALLOW PIT BULLS / AMERICAN STAFF SHIRE TERRIERS AT OUR DAYCARE \*\*\***

8. **Abandoned Dogs** - DDC is a place where all dogs loved, can romp and play. No Canine may be abandoned at DDC. I agree that I will not neglect to pick up my Canine from DDC by the time he/she is scheduled to leave without providing notification. Any Canine that is left at DDC without any contact, instruction or notification from me, of the ability, willingness or plans to pick him/her up by myself or my personal representative or agent, will be considered abandoned upon the seventh day of such notification failure. I understand that if I abandon my Canine at DDC, DDC will, by default, become the legal owner and guardian of the Canine. DDC will, in its sole discretion, determine whether to try to rehome and adopt the Canine from the DDC location or will relinquish the Canine to an unrelated shelter of its choice. **I FULLY UNDERSTAND AND AGREE THAT IF I ABANDON MY DOG AT DDC, I MAY BE UNABLE TO RETRIVE POSSESSION OF MY DOG AND WILL HAVE NO RECOURSE AGAINST DDC AS PROVIDED FOR BELOW.**

9. **Duty to Disclose** - I have disclosed any and all medical or other conditions, including but not limited to personality concerns or behaviors that may affect, limit or prevent my Canine's ability to participate in play time or otherwise attend Daycare. **\*\*\*\* Overnight care can be discussed on a case by case basis \*\*\*\***

10. **Daycare Participation** - I understand that Canines participation in play times is at sole discretion of DDC and that Canine's may be separated from other Canine's or asked to leave for any reason in the sole discretion of DDC.

11. **Acceptance and Acknowledgement of Daycare Participation Risk** - I fully understand that: (a) there are inherent and potential risks involved with interactions between humans and dogs, as well as between dogs and other dogs, which may result in property damage or bodily injury, including permanent disability, sickness or death to human or dog; and (b) there may be other risks not known to me nor readily foreseeable at this time (collectively, "risks"). I fully accept and assume all risks and responsibility for all risks, including, without limitation, all losses, costs and damages incurred as a result of my or my Canine's participation in the event.

IT IS UNDERSTOOD -- DDC EXERCISES DUE AND REASONABLE CARE TO KEEP KENNEL PREMISES SANITARY AT ALL TIMES. THAT ALL DOGS WILL HAVE CLEAN AND SAFE HOUSING AT ALL TIMES. HOWEVER, DDC DOES NOT GUARANTEE IMMUNITY AGAINST ALL COMMUNICABLE DISEASES BEYOND ITS CONTROL. (i.e. Kennel Cough, Diarrhea) *Kennel cough can be contracted any time a dog comes into contact with another dog. All dogs entering DDC MUST be current on the Bordetella vaccine, however, it does not guarantee against all strains of kennel cough. Dog owners agree not to hold DDC responsible for such occurrences. Bordetella MUST be given every 6 months.*

12. **Veterinarian Liability and Care** - I agree to allow DDC to obtain medical treatment for my Canine if, in its sole discretion it appears that, he/she is ill, injured or exhibits any other behavior that would reasonably suggest that my Canine may need medical treatment. **I AGREE THAT I AM FULLY RESPONSIBLE FOR THE COST OF ANY SUCH MEDICAL TREATMENT, AND FOR THE COST OF ANY TRANSPORTATION FOR THE PURPOSES OF SUCH TREATMENT, PROVIDED TO MY CANINE. DDC WILL ALWAYS TRY TO CONTACT THE OWNER PRIOR TO SUCH TREATMENT OR TRANSPORTATION UNLESS IT IS AN EXTREME EMERGENCY. DDC WILL ALSO TRY TO CONTACT & USE THE SERVICES OF CANINE'S CURRENT VETERINARIAN (listed on DDC Registration Application).**

13. **Waiver, Release and Indemnification** - I hereby expressly and forever generally waive, discharge claims, indemnify, release from liability, save, hold harmless and defend and covenant not to use DDC and their invitees, sponsors, advertisers, owners, officers, directors, employees, volunteers, invitees, agents, lessors, and any parties owning, controlling or having any interest in the property at which the event is taking place and all other representatives or agents (the "releasees") from and against **any and all injury, liability, claims, litigation, actions, suits, costs, losses, damages, expenses or demands (including reasonable attorney's fees) of ever character whatsoever** on account of, arising out of, resulting from or relating in any way to (i) any act or omission of the Releasees, including negligence, and (ii) my or my Canine's participation in activities at DDC, or otherwise. I further agree to indemnify, save and hold harmless the Releasees from any claims, litigation, actions, suits, damages, costs, attorney's fees, losses or injuries as the result of any such claim. I agree that this release shall be binding on me and my successors, heirs, legal representatives and assigns. I also expressly and forever release DDC from any duty to protect me or my dog(s) from injury of any kind, and agree that even if the DDC choose to implement safety precautions, such actions shall not alter the fact that I have released DDC from any duty to protect me or my dog(s).

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS "POLICIES, PROCEDURES AND RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE, THAT THE REMAINDER OF THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT.

I AGREE THAT IT IS INTENDED THAT ALL TERMS OF THIS AGREEMENT CONTROL DESPITE ANY PARTICULAR STATUTE OR LAW THAT WOULD OTHERWISE PROTECT ME OR MY DOG(S).

_____	_____	_____
Owner/representative Signature	Printed Name	Date
Delta Dog Camp - Policy, procedure and waiver agreement acceptance.		