

CAMP ENROLLMENT FORM

Dog's Name:	Date of Birth:	Breed:	Color/Markings:
Acquired From (Breede	r's Name or Shelter):		
Male/Female Sp	oayed/Neutered?Ve	t Name:	Phone:
Owner's Name:	Address:		
Phone: (day)	(evening)	(cell)	Vaccinations Date: (attach copy of rabies certificate)
Alternate contact name	2:	Phone:	
How did you find us:			
Training level:	Training tools	presently used:	
Dietary concerns:	D	ogSports studen	t? Y/N
Dog's likes/dislikes:			
Owner's concerns:			
Has your dog ever disp	layed aggression towar	d or around the	following?
other dogs Y / N m	nale dogs Y/N female	dogs Y/N pur	opies Y/N toys Y/N food Y/N
children Y / N adult	s Y / N cats Y / N o	ther animals Y /	'N water bowl Y/N bones/chewies Y/N
Describe in detail any "	yes" answers:		
Special requests while	at day camp:		
Do you want your dog discretion of the traine		during day cam	p, supervised by a trainer and at the
contact you and your a will be paid directly to	Iternate contact? A "ye the veterinary practice my vet - OR Yes,	es" answer is you by you:	rgency situation after attempting to or guarantee that the veterinary expenses not available, use alternate veterinary
including but not limited and/or my dog, during a	to reimbursement of all o	osts and attorneys camp, before and	ents harmless from any and all liability s fees, for damages and/or injury to self after any sessions, and at any and all times
Signature:		Date:	
Send to: DogSports, 12	00 Corporate Blvd., Lanca	ster, PA 17601	(717) 285-2320 www.dogsportstraining.net

For Office Use Only Approved By: ______ Date: _____ Notes: