

CAMP BEDFORD BOARDER FORM

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| Client Name Click here to enter text. |  | Pet Name Click here to enter text. |  |
| Address Click here to enter text. |  |  |  |
| Cell Phone Click here to enter text. |  |  |  |
| Male/Female Click here to enter text. |  | Spayed/Neutered Click here to enter text. |  |
|  Dog Breed Click here to enter text. |  | Age Click here to enter text. |  |

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| --- | --- |
| Food Allergies?   |  Feeding Schedule Click here to enter text. |
| Medical Condition? |  Medication Dosage: Click here to enter text. |

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| Is Pet on Flea/Tick Preventative? |  |

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| --- | --- |
| Is Pet on Heartworm Preventative? |  |

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| Is Pet Social with other Dogs? |  |  |  |
| Nail Trim |  | Departure Bath | Grooming |
| Veterinarian Name and Address Click here to enter text.  |  |  |  |

In the event of an emergency, which may be determined by Camp Bedford, I hereby authorize Camp Bedford to have my pet treated at an available veterinarian office. Pet Owner will be responsible for any cost incurred for emergency medical care provided to pet by a veterinarian while staying at Camp Bedford. Pet Owner indemnifies Camp Bedford and its owners, employees and affiliates from all liability as a result of boarding or grooming the above referenced pet.

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| Signature |  | Date Click here to enter text. |  |