

**Scampers Kirkland**  
 12532 NE 124<sup>th</sup> Street  
 Kirkland, WA 98034  
 Tel 425 821 9100  
 Fax 425 821 4685  
 info@scampersdogs.com



**Scampers Bellevue**  
 13040 Bel-Red Rd  
 Bellevue, WA 98005  
 Tel 425 688 9100  
 Fax 425 688 0600  
 info@scampersdogs.com

### Enrollment Form

Dog's Name		Last Name	
Breed		M/F	
Age		Weight	
Birthday		Color	
Scampers "Home Location" (used for Records Mgmt purposes only): <input type="checkbox"/> Bellevue <input type="checkbox"/> Kirkland			
<b>Owner Info</b>			
First Name(s)		Cell#	Work#
Address			
City		Home#	Alt #
Zip		Email	
Emergency Contact		Emergency Contact #	
How did you find us?		Previous Daycare	
<b>Veterinarian Info</b>			
Vet		Vet Clinic Tel	
Vet Clinic		Vet Clinic Fax	
Vet Clinic Address			
<b>About your dog's health</b>			
Please ask your vet to fax or email your dog's vaccination status to your preferred Home Location Current vaccinations required for: Rabies DPP (Distemper, Parvovirus and Parainfluenza) Bordetella (Semi-annual frequency is required.)			
Neutered/Spayed? <input type="checkbox"/> Y <input type="checkbox"/> N   Flea Prevention Program? <input type="checkbox"/> Y <input type="checkbox"/> N Specify:			
Date and result of Last Fecal Exam (required for puppies under 6 months):			
Does your dog have any illness or condition that would limit his or her participation in any activities carried on at Scampers Daycamp for Dogs?    Y <input type="checkbox"/> N <input type="checkbox"/>			
Please describe limitations:			
<b>About your dog's personality</b>			
How does your dog behave when meeting new dogs? Does your dog enjoy playing with other dogs?			
Is your dog <input type="checkbox"/> shy <input type="checkbox"/> calm <input type="checkbox"/> excitable <input type="checkbox"/> playful			
Is your dog <input type="checkbox"/> submissive <input type="checkbox"/> neutral <input type="checkbox"/> dominant <input type="checkbox"/> aggressive			
If aggressive, toward <input type="checkbox"/> small dogs <input type="checkbox"/> large dogs <input type="checkbox"/> other Specify:			
Has your dog ever harmed another dog in any way?    Y <input type="checkbox"/> N <input type="checkbox"/>			
If yes, what were the circumstances?			
Has your dog ever shown aggression towards humans?    Y <input type="checkbox"/> N <input type="checkbox"/>			
If yes, what were the circumstances?			
Does your dog come when called?    Y <input type="checkbox"/> N <input type="checkbox"/> Is your dog obedience trained?    Y <input type="checkbox"/> N <input type="checkbox"/>			
If yes, what commands?			

## **Emergency Treatment Authorization**

Scampers Daycamp for Dogs provides an environment where dogs can socialize in a fun and safe manner. All personnel at Scampers Daycamp for Dogs are trained in safe dog handling and pack management to reduce the possibility of injury; however, as we are dealing with animals, the possibility of injury exists nonetheless.

In case of medical emergency, I hereby authorize Scampers Daycamp for Dogs personnel to transport my pet(s) to the veterinary clinic I have specified for medical treatment; or to an animal emergency clinic of nearer proximity should my pet require more urgent care.

I understand that Scampers Daycamp for Dogs personnel and/or the veterinary clinic will make every reasonable effort to contact me to obtain my permission for medical treatment, including diagnostic testing, medication, surgery, and any other treatment deemed necessary. However, should Scampers Daycamp for Dogs personnel and/or the veterinary clinic be unable to contact me or my Authorized Alternate Emergency Contact, I hereby agree that Scampers Daycamp for Dogs may represent me to make any and all medical treatment decisions, including diagnostic testing, medication, surgery, and any other treatment deemed necessary.

I am willing to spend up to \$ \_\_\_\_\_ for my dog's medical treatment, and agree that I am responsible for payment of veterinary services.

## **Pet Care Agreement and Waiver**

1. I understand that Scampers Daycamp for Dogs has relied upon my representation of my dog's health and socialization as described in the attached Enrollment Form in admitting my dog for services at their facility.
2. I will not knowingly bring a dog who is ill, or who has any other condition which may be contagious, to Scampers Daycamp for Dogs, as I understand that a contagion threatens the entire pack.
3. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while in the care of Scampers Daycamp for Dogs. I understand that while the socialization and play is closely and carefully monitored by Scampers Daycamp for Dogs staff to prevent injury, the possibility remains that during the course of normal play my dog may receive injuries. I understand that I will be advised of any such incidents upon occurrence if veterinary treatment is warranted, or at pickup.
4. I understand and agree that any problems that arise with my dog, behavioral or medical, will be treated as deemed best by staff of Scampers Daycamp for Dogs in their sole discretion, and in what they view as the best interest of my dog and the other dogs in their care. I also understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the treatment of my dog in case of injury or illness, as per the attached Emergency Treatment Agreement.
5. I hereby release Scampers Daycamp for Dogs of any liability of any kind arising from my dog's participation in the services provided by Scampers Daycamp for Dogs.
6. I understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is participating with Scampers Daycamp for Dogs.
7. By allowing my dog to participate in services offered by Scampers Daycamp for Dogs I hereby agree to allow Scampers Daycamp for Dogs to photograph and use images of my pet for publication and/or promotion.
8. I understand that if my dog is not picked up on time, I hereby authorize Scampers Daycamp for Dogs to take whatever action is deemed necessary for the continuing care of my dog. I will pay Scampers Daycamp for Dogs the cost of any such continuing care upon demand by Scampers Daycamp for Dogs.
9. I understand that if I do not pick up my dog, Scampers Daycamp for Dogs will proceed according to the guidelines provided by Washington State's statutes on abandonment of animals by owner. I also acknowledge that I will be fully responsible for all associated costs if I abandon my dog.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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