



Date <hr/>

Camper Profile

Name _____

Birthday _____

Breed _____

√ All vaccinations are up to date, and confirmed by Camp Brinx. Or a photocopy is attached.

Veterinary Contact _____

Home Care Notes

Feeding and Medication directions _____

Routines, favorite toys, play style

Comments _____



People Profile

Name _____

Address _____

Phone _____

E-mail _____

Yes or No Camp Brinx can email you occasionally

Emergency contact name and number

Fine print:

I release Camp Brinx of any liability for damage or injury that may occur, other than that which may arise as a result of neglect. In the unlikely event that medical services may be necessary for my dog and the specified veterinarian is not available, I authorize Camp Brinx to obtain the services of the nearest veterinary hospital.

In the event that my dog develops a pest problem during his/her stay. I give Camp Brinx permission to administer the appropriate medications.

Signature _____

Date _____