

Camp Wignall



Registration Form

1837 Bridge Street ■ Dracut MA 01826
Tel:978-454-8272 Fax: 978-458-4646

Parent Information

Date Printed: _____ Owner Name: _____ Account #: _____

Home Phone # _____ Cell Phone #: _____

While my pet is boarding/in daycare, I can be reached at: _____

In case of emergency, these people are authorized to make decisions on my behalf:

1-Name: _____ Phone #: _____

2-Name: _____ Phone #: _____

3-Name: _____ Phone #: _____

4-Name: _____ Phone #: _____

*Please advise your emergency contacts that they are responsible for making medical decisions for your pet if we are unable to reach you.

Camper Information

Camper Name: _____ Camping Dates: _____ to _____

PLAY: Does your pet get along with others? Yes No

If you are unsure, would you like us to take him/her out in a play group at our discretion or only alone? Try Playgroup Only Alone

FEEDING: When do you feed your pet? AM PM BOTH

What type of food do you feed your pet? Wet Dry

What quantity of food does your pet eat each feeding?

_____ cups _____ cans

Does your pet have any dietary restrictions? Yes No

If YES, please list what: _____

GROOMING: Do you want your camper Groomed? Yes **Circle All That Apply:** Trim Bath Blow Dry Brushout Nail Trim

Trim Instructions: _____

QUICK BATH: Do you want a "Quick Bath" (not Grooming) instead? Yes No

MEDICAL: Is your camper Spayed or Neutered? Yes No

All medications must be in original packaging. Medication information must be provided upon check in.

VACCINATIONS/PHYSICAL EXAMS: Unvaccinated or overdue campers will be given a physical exam and the appropriate vaccinations and/or tests. Vaccine records from other veterinarians must be received prior to the camp Check In Date. The following vaccinations are required for Camp Wignall pets: Rabies, distemper, infectious bronchitis (Bordetella) and negative fecal test (done within the last 12 months).

Physical Exam Fee :\$56 ■ Vaccination Fee: \$24/each ■ Fecal Exam Fee: \$27 ■ Medication Admin. Fee: \$9/day

EMERGENCY TREATMENT: Please select the degree of treatment you authorize and sign/date below.

I authorize Wignall Animal Hospital to treat my camper in case of illness during his/her stay. I understand that a contact person or I will be informed *if possible* before treatment is started. I will be required to pay all costs incurred during treatment.

I ONLY authorize Wignall Animal Hospital to treat my camper in cases of life threatening emergencies, as defined by the hospital medical staff. This includes, but is not limited to, examples such as difficulty breathing and seizures. I understand a contact person or I will be informed *if possible* before treatment is started. I will be required to pay all costs incurred during treatment.

I understand that pick up after 11:00am on the last day of boarding will require an additional charge for 1 day of boarding.

Owner Signature: _____ Date: _____

Witness Signature : _____ Date: _____