



# Day Camp Application

These details will give us a clear picture of your puppy or dog and how we will contact you in an emergency. Please take the time to fill this form out as thoroughly as possible.

Name of Dog \_\_\_\_\_

Your Name(s): \_\_\_\_\_

Children's age and name: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_ M or F: \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Dog's Age & Birthday (please estimate if not sure):

\_\_\_\_\_

Are you planning on Spaying or Neutering your dog and what age:

\_\_\_\_\_

How Did You hear about Woofingham Palace?

\_\_\_\_\_

How often and when do you require Puppy Socialization or Adult Daycare?

\_\_\_\_\_

Do you require Boarding?

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Do you require Training?

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Your Home Address:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

We text & email if we will close for bad weather, please list up to two cell phone numbers and emails that you wish to receive these messages on;

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email for \_\_\_\_\_: \_\_\_\_\_

Email for \_\_\_\_\_: \_\_\_\_\_

Veterinarian Office Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact:

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**WHAT WE NEED FROM YOU TO ATTEND WOOFINGHAM PALACE:**

- 1. We need the new dog or puppy to have had a Fecal Test for Giardia and Coccidia we need proof of the negative or NVO result from your Vet.**
- 2. They should have their DHLPP or DHPP Vaccine. (Specifically Distemper and Parvo) at least 7 days before the first session. Please bring copies of the vaccination certificates to your evaluation or have your veterinarian email it to us at [Info@woofinghampalace.com](mailto:Info@woofinghampalace.com).**
- 3. Please return this Application to us or bring it to your first session.**

**NOTE FOR PUPPY OWNERS:**

- **Puppies 10 weeks or younger:** We ask that these puppies have had their first set of shots to visit The Royal Puppy Class or Puppy Socialization if they are.
- **Puppies 11 -15 weeks of age:** We ask that this age puppy has had the first 2 sets of vaccines and a clean fecal.
- **Puppies over the age of 16 weeks:** We ask that these pups have had at least the first 3 rounds of vaccines and a clean fecal. Rabies is not necessary until they are 5 months.

Is your dog housebroken (Y or N) \_\_\_\_\_

Where did you get your puppy?

\_\_\_\_\_

How old was the puppy when you got him? \_\_\_\_\_

Is your dog nervous: Around new people? Y N. Around new dogs? Y N

Please give more details

\_\_\_\_\_

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What socialization have you done so far with your Puppy?

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What training have you done so far with your puppy?

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Behavioral issues your puppy has shown (including any incidents of growling at or fighting with any dog or person), when those issues occurred, and what has been done to remedy this problem?

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Dog's Important Medical Conditions (any chronic allergies or other medical problems of which we should aware of?)

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Dog's regular food: Brand, type, amount ?

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Does your dog eat easily/quickly?

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Does your dog have firm or loose stools?

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## **WOOF HOLDINGS, INC. CLIENT RELEASE**

I understand that, despite Woof Holdings, Inc dba "Woofingham Palace". efforts to maintain the safety of every dog and human at Woofingham Palace, there are certain risks involved in doggie day care and boarding. These risks include but are not limited to injuries such as bites or scratches to my dog or me, getting knocked down, my dog getting injured during play or an altercation with another dog and my dog contracting fleas, kennel cough or some other parasite or illness; and that injuries can happen in Woofingham Palace play area, lobby, parking lot, or anywhere else in or around Woofingham Palace. I voluntarily accept these risks, and release Woof Holdings, Inc and its owners, directors, officers, employees, independent contractors and assigns from any and all claims for or arising out of injury or damage of any kind or nature, to me, anyone with me and to my dog in any way related to or resulting from my use of Woof Holdings, Inc services or my association with Woofingham Palace. This acceptance of risk and release includes but is not limited to claims of injuries or loss to my dog, myself, anyone who picks up or drops off my dog, or to any property that belongs to me. If my dog becomes injured or ill while at Woofingham Palace I accept responsibility for veterinary bills and all other costs incurred for care or otherwise due to the injury or illness. I agree that I will reimburse Woof Holdings, Inc for any veterinary or other costs. I understand and agree that this release applies to future unknown or unsuspected claims, and hereby waive Section 1542 of the California Civil Code and any similar law. Section 1542 reads as follows: "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR."

I consent to Woof Holdings, Inc obtaining medical attention for my dog from any qualified veterinarian and transporting my dog to and from that veterinarian when Woof Holdings, Inc deems such medical care may benefit my dog's health. I grant Woof Holdings, Inc or its employees or agents' full power of decision involving the medical treatment of my dog. This release also applies to any claims for injuries or damages related to such medical care or transport. I consent to Woof Holdings, Inc taking my dog for one or more walks when Woof Holdings, Inc deems such walks are important for my dog's health. This release also applies to any claims for injuries or damages related to such walks. If I choose to sign my dog up for the Woofingham Palace shuttle service, I agree that this release also applies to any claims or injuries

or damages related to such shuttle service. This release grants consent but does not impose any obligation on Woof Holdings, Inc to take any particular action, whether described in this release or not. I agree to be responsible for all damage my dog causes to property of Woof Holdings, Inc, and/or dogs and/or property of others while Woofingham Palace or being transported to or from Woofingham Palace or being walked or played with outside of Woofingham Palace. I represent and warrant that my dog is in good health and has not had any communicable illness of any kind for one week prior to attending Woofingham Palace. I further represent that each time I bring my dog to Woofingham Palace, by doing so, I am again representing that my dog is in good health and has not had any communicable illness of any kind for one week prior to such attendance. I represent that my dog is currently protected by a flea care preventative (holistic or non-holistic) and that my dog will be protected by this preventative throughout each and every day my dog attends Woofingham Palace. This representation is for the benefit not only of Woof Holdings, Inc but also the other dogs at Woofingham Palace and their owners. I represent and warrant that my dog does not have a history of aggressive behavior towards other dogs or humans. I represent and warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

APPLICATIONS WILL NOT BE ACCEPTED THAT ARE NOT SIGNED AND DATED

**IS THEIR ANYTHING ELSE YOU THINK WE SHOULD KNOW?**