



DOG WALKING/PET SITTING & WAIVER FORM

I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending walks, pet sitting or any activities with **Camp Cammie**.

I also understand and agree that in releasing my dog(s) in **Camp Cammie's** care, **Camp Cammie** has relied upon my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I further understand that due to the way that dogs interact with one another, minor cuts and scratches can occur even though the dogs are carefully supervised at all times.

While my dog(s) is/are in the care and custody of **Camp Cammie**, if I am unreachable in the event of an emergency, I hereby authorize **Camp Cammie**, its agents, and/or representatives to seek immediate veterinary care for my dog. I understand that all costs in connection with, veterinary, medical or other treatment shall be my responsibility.

I hereby release and agree to save and hold harmless, **Camp Cammie**, it's directors, officers, shareholders, employees, assistants, members and agents from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify **Camp Cammie** for any and all such liability, claims, suits, actions, losses, injury or damage.

I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of the Application form completed by me.

Although we carefully screen all applicants, occasionally we discover that this is not an appropriate service for every dog. **Camp Cammie** reserves the right to permanently remove a dog from our services at any time.

DOG(S) NAME(S) _____

SIGNATURE OF OWNER _____ DATE _____

PRINT NAME OF OWNER _____

CAMP CAMMIE REPRESENTATIVE _____



DOG WALKING/PET SITTING APPLICATION

Owner Information

Name _____

Address _____

City _____ Zip Code _____

Phone _____

Evening Phone _____

Emergency Contact _____

E-Mail Address _____

Dog Information

Name _____

Breed _____

Sex (circle one) F or M Spayed/Neutered (circle one) Y or N

Birthday _____ Age _____

Vet Name _____

Vet Address _____

Vet Phone Number _____

Client has their credit card on file.

DOG(S) NAME(S) _____

SIGNATURE OF OWNER _____ DATE _____

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CAMP CAMMIE REPRESENTATIVE _____



Has your dog been to any dog parks? If so, how did they play and interact with the other dog(s)?

Has your dog ever attempted to bite another dog or person? If yes, please explain.

Is your dog toy or food possessive? If yes, please explain.

Has your dog ever been in a fight with another dog? If yes, please explain.

Any medical conditions we need to know regarding your dog?

Has your dog been to any obedience classes? If so, what classes and where?

Please list any meds and/or feeding times you want us to follow.

Does your dog have any problems with dogs smaller or larger than they are?

Note:

- Camp Cammie will be picking up and dropping off your dog on most occasions.
- Any urination or defecation inside the house that needs cleanup will be charged to the client.
- Do you have any special requests? i.e., alarm code set or disarmed, heat/ac, television, etc.

Please tell us how you heard about us.

DOG(S) NAME(S) _____

SIGNATURE OF OWNER _____ DATE _____

PRINT NAME OF OWNER _____

CAMP CAMMIE REPRESENTATIVE _____