

Bedminster Canine Kamp

Phone: 215-766-8470, Fax: 215-766-8428, Email: info@caninekamp.com

New Client Form

(Please Print)

Client Information		
First Name:	Last Name:	Title: <i>(please circle)</i> Mr. Mrs. Miss Ms
Street Address:	Apartment/Unit #:	
City:	State:	ZIP:
Home Phone:	Mobile Phone:	Work Phone:
E-mail Address:	Gender: <i>(please circle)</i> Male Female	
		Occupation:
How did you hear about us?		Service Provider:

Contact Options	
I would like to receive e-mail appointment reminders	<i>(please circle)</i> Yes No
I would like to receive text message appointment reminders	<i>(please circle)</i> Yes No
I would like to receive promotional e-mails	<i>(please circle)</i> Yes No
I would like to receive promotional mail	<i>(please circle)</i> Yes No
If you would like to receive text message appointment reminders, please enter your mobile service provider:	

Signature: _____ Date: _____

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New Pet Form

Pet Information		
Owner Name:		Pet Name:
Dog or Cat:	Breed:	Gender: <i>(please circle)</i> Male Female
Birth Date:	Weight:	Neutered/Spayed: <i>(please circle)</i> Yes No
Grooming Information		
Professionally groomed previously: <i>(please circle)</i> Yes No	Scared of hair dryer: <i>(please circle)</i> Yes No	Sensitive Skin: <i>(please circle)</i> Yes No
Coat Length:	Color:	Texture:
Grooming Difficulty: <i>(please circle)</i> Easy Average Challenging		
Grooming Comments:		
Personality		
Aggressive with Animals: <i>(please circle)</i> Yes No	Aggressive with People: <i>(please circle)</i> Yes No	Barker: <i>(please circle)</i> Yes No
Biter: <i>(please circle)</i> Yes No	Chewer: <i>(please circle)</i> Yes No	Shy: <i>(please circle)</i> Yes No
Hyper: <i>(please circle)</i> Yes No		Keep Leash On: <i>(please circle)</i> Yes No

Medical Information		
Diabetic: <i>(please circle)</i> Yes No	Deaf: <i>(please circle)</i> Yes No	Blind: <i>(please circle)</i> Yes No
Heart Condition: <i>(please circle)</i> Yes No	Epileptic: <i>(please circle)</i> Yes No	
Please verify that you have included proof of immunization for the following vaccinations: <ul style="list-style-type: none"> <input type="checkbox"/> Distemper <input type="checkbox"/> Bordetella <input type="checkbox"/> Rabies* <p style="text-align: right;"><i>*Signed Rabies Certificate (provided by your Vet) is required.</i></p>		
Vet Information		
Business Name:	Contact:	Phone Number:
Address:		Address 2:
City:	State:	ZIP:
Pennsylvania State Law requires that all dogs over 3 months of age must be licensed by January 1 st of each year. Violators can be fined a maximum of \$300 plus court costs. Please indicate your dog's license type and number below. Visit www.agriculture.state.pa.us for more information. <i>(Please check one box and provide license number)</i> <ul style="list-style-type: none"> <input type="checkbox"/> ANNUAL, LICENSE NO.: <input type="checkbox"/> LIFETIME, LICENSE NO.: 		
Additional Kenneling Information		

(Please Print)

Signature: _____ Date: _____