

BEDMINSTER CANINE KAMP

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

New Client Form

(Please Print)

Client Information		
First Name:		Last Name:
Street Address:		
City:	State:	ZIP:
Home Phone:	Mobile Phone:	Work Phone:
E-mail Address:		
How did you hear about us?		

Contact Policies	
I acknowledge that Bedminster Canine Kamp (BCK) will communicate all important information including appointment confirmations, appointment reminders, and vaccination status via email and text messages.	<i>(Please Initial)</i>

Signature: _____ Date: _____

BEDMINSTER CANINE KAMP

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New Pet Form

(Please Print)

Pet Information		
Pet Name:		Owner Name:
Type: Dog / Cat	Breed:	Gender: <i>(please circle)</i> Male Female
Birth Date:	Weight:	Neutered/Spayed: Yes / No
Grooming Information		
Professionally Groomed: Yes No	Scared of hair dryer: Yes No	Sensitive Skin: Yes No
Length:	Color:	Texture:
Grooming Difficulty: Easy Average Challenging		
Grooming Comments:		
Personality		
Friendly with Animals: Yes No	Friendly with People: Yes No	Barker/Anxious: Yes No
Reactive/Aggressive: Yes No	Chewer: Yes No	Shy/Fearful: Yes No

Medical Information

Mobility Limitations: Yes No	Hearing Loss: Yes No	Vision Loss: Yes No
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Heart Condition: Yes No	Epileptic: Yes No
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Please verify that you have INCLUDED proof of immunization for the following vaccinations by circling YES:

Rabies (Copy of Certificate signed by the Veterinarian)	YES
Distemper	YES
Bordetella	YES
Influenza (Required as of January 2024)	YES
FVRCP & RABIES (cats only)	YES

Vet Information

Business Name:	Contact:	Phone Number:
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Address:

City:	State:	ZIP:
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Pennsylvania State Law requires that all dogs over 3 months of age must have a dog license. 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.
ANNUAL – License No: _____
LIFETIME – License No: _____

Kenneling Information

Has your pet had any prior boarding experience? **YES / NO**
Please note any additional information you would like us to know about your pet.

SIGNATURE: _____