

# BEDMINSTER CANINE KAMP

Phone: 215-766-8470, Fax: 215-766-8428, Email: [records@caninekamp.com](mailto: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:

<b>Rabies (Copy of Certificate signed by the Veterinarian)</b>	<b>YES</b>
<b>Distemper</b>	<b>YES</b>
<b>Bordetella</b>	<b>YES</b>
<b>Influenza (Required as of January 2024)</b>	<b>YES</b>

**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](http://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:** \_\_\_\_\_