



Camp Wignall Registration Form
1837 Bridge Street ■ Dracut MA 01826
Tel:978-454-8272 Fax: 978-458-4646

Parent Information

Date Printed: _____ **Name:** _____ **Account #:** _____
 Home Phone: _____ Cell Phone: _____
 While my pet is boarding/in daycare, I can be reached at: Phone # _____ Email: _____
 In case of emergency, these people are authorized to make decisions on my behalf:
 1-Name: _____ Phone #: _____
 2-Name: _____ Phone #: _____
 3-Name: _____ Phone #: _____
 4-Name: _____ Phone #: _____

***Please advise your emergency contacts that they are responsible for making medical decisions for your pet if we are unable to reach you.**

Camper Information: Boarding And Daycare

CAMPER NAME: _____ **DAYCARE or BOARDING** **BOARDING DATES:** _____ **TO** _____
PLAY: a-Does your pet get along with others? Yes No **PICK UP TIME*:** _____
 b-Do you want your dog to play in a Play Group? Yes No
 c-Do you want your dog to go out Only Alone? Yes No

***NOTE: Pick up AFTER 11AM will be charged full day**

I understand there are certain risks involved with playing in groups and accept financial responsibility for them and my dog; and I understand that WAH Kennel Staff will make every effort to minimize those risks. _____ (initial)

FEEDING: When do you feed your pet? AM PM BOTH
 What type of food do you feed your pet? Wet Dry
 What quantity of food does your pet eat each feeding?
 _____ cups _____ cans
 Does your pet have any dietary restrictions? Yes No
 If YES, please list what: _____

BATH (includes 2 brushouts, nail trim, ear cleaning, bath, conditioning before going home) Yes No
HAIR CUT: Yes No
Trim Instructions: Length of hair desired for face: _____ ears: _____ legs: _____ feet: _____ chest: _____ back _____
Other: _____

MEDICAL: Is your camper Spayed or Neutered? Yes No Is your camper on any medication? Yes No
All medications must be in original packaging. Medication information must be provided upon check in.
VACCINATIONS/PHYSICAL EXAMS: Unvaccinated or overdue campers will be given a physical exam and the appropriate vaccinations and/or tests at pet owner's expense. Vaccine records from other veterinarians must be received prior to the camp Check In Date. **The following vaccinations/test are required for Camp Wignall pets: (1) Rabies, (2) Distemper, (3) Bordetella (dogs only) and (4) Parasite Test. Distemper: DOGS/DHLPP: Distemper/Hepatitis/ Leptospirosis/Parainfluenza/Parvovirus, ONE YEAR (unless Continuum or Duraimmune). NOTE: Leptospirosis MUST be boosted EVERY YEAR; CATS/FVRCP: ONE YEAR (unless Continuum or Duraimmune); FERRETS/ D: ONE YEAR. Infectious Bronchitis: DOGS/Bordetella, ONE YEAR; Parasite Test: DOGS/CATS (fecal test done within the last 12 months, negative results).**
 Physical Exam Fee :\$66 ■ Vaccination Fee: \$32/each (LYME/FelV Vaccinations: \$35/each)
 ■ Parasite Exam Fee: \$44.10 (Positive Fecal Exam performed during boarding/daycare stay requires immediate treatment during stay at owner expense) ■ Medication Administration Fee: \$11.69/day

Camp Wignall is part of Wignall Animal Hospital. As an animal hospital, we expect to provide the best possible complete care to all our boarding pets. This includes monitoring every pet's overall health during his/her stay and providing proper diet, exercise, recreation and medical care, if needed. Wignall Animal Hospital will treat any camper in a life threatening emergency or serious illness lasting more than 24 hours or if contagious to other pets. Our staff will contact the pet's owner/emergency contact, whenever possible, before treatment is started. All treatment costs are the responsibility of the pet's owner, including the initial physical examination (\$66) when one is needed. Client Initials: _____

By signing I agree to all of the above.

Owner Signature _____ Print Name: _____ Date: _____

Staff Signature: _____ Print Name: _____ Date: _____ Rev020416