



Camper Reservation Form

Owner _____

Camper(s) _____

Reservation Information

Arrival Date & Time: _____ Departure Date & Time: _____

Bunkhouse (\$32) Private Cabin (\$45) Patio Cabin (\$54) Kitty Cabin (\$18) Room # _____

Bath Time

- | | |
|---|-------------------------|
| <input type="checkbox"/> Brush-n-Fluff - 10-minute brush out | \$6 |
| <input type="checkbox"/> Wash-n-Wear - basic bath and dry | \$20 and up |
| <input type="checkbox"/> Neat-n-Clean - brush out, bath, hand dry, nail grind, ears & anals | \$35 and up |
| <input type="checkbox"/> Cut-n-Style - Neat-n-Clean plus breed specific haircut | \$40 and up |
| <input type="checkbox"/> Nail Trim & Grind | \$15 (\$10 with a bath) |

Additional Activities

- | | | How often? |
|--|------|------------|
| <input type="checkbox"/> Sniff-n-Piddle - a 20 minute on leash walk | \$12 | _____ |
| <input type="checkbox"/> Buddy Time - a 20 minute individual play session | \$12 | _____ |
| <input type="checkbox"/> Cuddles-n-Hugs a 20 min individual petting session | \$12 | _____ |
| <input type="checkbox"/> Playful Paws Package - Buddy Time, Sniff-n-Piddle & Bison Bone | \$25 | _____ |
| <input type="checkbox"/> Spoil 'em Rotten Package - Brush-n-Fluff, Cuddles-n-Hugs & choice of Buddy Time or Sniff-n-Piddle | \$25 | _____ |
| <input type="checkbox"/> Wellness Massage | \$40 | _____ |
| <input type="checkbox"/> Therapeutic Massage | \$50 | _____ |

Feeding Instructions (check all that apply)

- Owner Food (Brand _____) OR House Food (ProPlan Extra Care)
- Free Feed OR Feed _____ (per meal) AM noon PM

List any food allergies, sensitivities or special instructions: _____

Snack Time (please circle as appropriate)

- Comfort Time (Peanut Butter & cookie stuffed Kong) - daily at **noon** and/or **evening**- \$2⁵⁰ per Kong
- Raw Bison Bone - **once per visit** or **as needed** (every 2-3 days) - \$5 per bone
- Pupsicle (Frozen Yogurt Treat) - daily at **noon** and/or **evening**- \$3 per pupsicle

Health & Medications

List any current or chronic health issues and concerns: _____

Medication Schedule while at Cascade Pet Camp

Camper: _____ Drug: _____ Dosage: _____ When?: _____

Camper: _____ Drug: _____ Dosage: _____ When?: _____

Camper: _____ Drug: _____ Dosage: _____ When?: _____

Camper: _____ Drug: _____ Dosage: _____ When?: _____

Belongings

List items brought with your camper _____



Boarding Contract

Owner _____
Camper _____

1. I certify that I am the legal owner of the pet(s) described above, and I am leaving the above named pet(s) in the care of Cascade Pet Camp LLC.
2. I agree to pay Cascade Pet Camp LLC the rate that is in effect upon the check-in date for care of my pet(s) and for all special service(s) requested. All returned checks and a \$25 returned check fee will be electronically presented for payment.
3. _____ I understand my pet(s) must enroll in the Veterinary Care Warranty Program and agree to pay the per visit fee for this program. This program covers care provided to my pet(s) by a licensed veterinarian for the treatment of any sickness or injury resulting from my pet's(s') stay at Cascade Pet Camp LLC and for seven (7) days thereafter, up to a maximum of \$500. Injury, illness or death from pre-existing, age related or congenital health conditions, pregnancy and whelping, or caused by pet(s) boarded together at the owner's request are NOT covered.
4. I have provided proof of required vaccinations. If my veterinarian & I have signed a waiver for any of the required vaccinations or vaccinations were not given at least seven (7) days prior to boarding, the costs associated with veterinary treatment for those diseases will not be covered under the Veterinary Care Warranty Program.
5. I agree _____/disagree _____ to let my dog(s) participate in supervised play group with other dogs if s/he meets all the qualifications that are appropriate for participation as determined by Cascade Pet Camp staff. If I permit my dog(s) to participate in group play, I certify that s/he is non-aggressive and has not caused harm to humans or other dogs. I understand that I am fully responsible for my dog(s) actions during group play.
6. Should my pet become ill or injured, Cascade Pet Camp LLC will make every attempt to contact me immediately. However, Cascade Pet Camp LLC shall have the right to call a veterinarian and make medical decisions if I cannot be reached and/or my pet's(s') condition requires immediate action. I accept responsibility for all costs and veterinary care that are not covered under Cascade Pet Camp's Veterinary Care Warranty Program. I have completed and agreed to pay for the warranty program prior to leaving my pet(s) in the care of Cascade Pet Camp. Furthermore, should my pet pass away during my absence I direct that a veterinarian be called to safe keep my pet's remains until I return.
7. I certify that by signing this contract I have given complete and accurate information for myself and my pet(s). I understand and agree that Cascade Pet Camp LLC and its staff will not be liable for any problems that develop with my pet(s) provided reasonable care and precautions are followed. I hereby release them from any liability, including, but not limited to, loss or damage due to disease, death, running away, theft, fire, injury, to persons, other pets, or property, or other unavoidable causes, arising from my pet's(s') stay at Cascade Pet Camp. I understand that I am solely responsible for any harm to persons or animals caused by my pet(s) or any property damage caused by my pet(s) while my pet(s) are in the care of Cascade Pet Camp LLC
8. Cascade Pet Camp LLC may photograph my pet(s) and use such pictures for publicity or promotional purposes without any liability or obligation to me.
9. I have read and understand the rules & regulations set forth in the "Camp Policies" and "Boarding Contract". I agree to abide by the rules & regulations and accept all the terms, conditions, and statements of this agreement.

Signature of Owner: _____ Date: _____

Authorized by: _____ Date & Time of Check-Out _____