



Pet #2 Info					
Name		Breed			
Color					
Sex		Neutered	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Birthdate		Weight			
Vet Name		Vet Phone			
Vet Address					
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	

Pet #3 Info					
Name		Breed			
Color					
Sex		Neutered	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Birthdate		Weight			
Vet Name		Vet Phone			
Vet Address					
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	
Vaccination		Date Given		Date Exp	

How were you referred to us?	
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Please be aware that there are inherent risks, dangers and the possibility of death to any person or dog that uses the cage-free facilities of Happy Camper Pet Resort, LLC (HCPR). HCPR intends to provide a fun, loving, and caring environment for all dogs. However, despite careful and proper preparation, instruction and supervision, there is still a risk of serious injury and death to any dog, person, or employee in the cage free facility of HCPR. Dogs are pack animals and when off lead even the best trained dogs will act instinctively. Understandably, not all hazards and dangers associated with dogs can be foreseen as dogs are unpredictable animals and not always controllable by humans. In leaving your dog with HCPR and signing below you acknowledge these risks including death to your animal and voluntarily assume the risk and legal liability and waive and release all claims for injuries, damages, loss, or death which you or your dog might sustain as a result of all possible activities while at HCPR. You agree to waive, relinquish, release and forever discharge HCPR, its owners, officials, employees, volunteers, and agents from any and all claims for injuries, damages or loss to you or your dog which may arise out of use of the facility and services and HCPR.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_