

CAMANO CANINE RESORT  
OWNER REGISTRATION

**OWNER'S NAME:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Vacation Contact Information: \_\_\_\_\_

3<sup>rd</sup> Party Emergency Contact Name and Phone \_\_\_\_\_

**PET'S NAME:** \_\_\_\_\_

Dog \_\_\_ CAT \_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Birth date \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Neutered/Spayed? Yes No

Does your pet exhibit signs of aggression toward other people or pets? Yes No

Veterinarian proof of current vaccinations on file? YES

Dogs: DHLPP, Rabies and Bordetlla Cats: Rabies, 3-way Vaccine, Feline Leukemia

Is your pet current on a topical flea and tick treatment? \_\_\_\_\_ If so, what type of treatment was used and when was it administered? \_\_\_\_\_

PLEASE NOTE: Any pet admitted with fleas will automatically be treated at the owner's expense!

**VETERINARIAN:** Clinic name: \_\_\_\_\_

Does your pet have any special health needs, physical limitations, special diet, or on any medications? If so, please explain/write instructions:

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**STAFF NOTES:**

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THANK YOU FOR CHOSING CAMANO CANINE RESORT!