

Pioneer Valley Veterinary Hospital  
 571 Bernardston Road  
 Greenfield, MA 01301  
 (413) 773-7511  
 pioneervalleyvh.net



For Office Use Only		
<b>Client ID:</b>	<b>Date Received:</b>	<b>Received By:</b>
<b>Services Next Due</b>	<b>RV:</b>	<b>DHPP:</b>
<b>Lepto:</b>	<b>BDTA:</b>	<b>Fecal:</b>

### Camp Registration

Owner's Name(s):		
Owner 1 Primary #:	Owner 1 Secondary #:	
Owner 2 Primary #:	Owner 2 Secondary #:	
Mailing Address:		
Email Address:	Do you give PVVH permission to send email updates and notifications for camp?	Y / N
Emergency Contact:	Emergency Contact #:	
Alternate Pickup Person(s)*:		
<i>Please note that PVVH can only release your dog to the listed person/people above. If at any time you need to add an alternate pickup person, give the office a call to provide the information and your authorization.</i>		

Camper Dog's Name:		Is your dog crate trained? Y / N	
Age:	Birthday:	Current Flea/Tick Preventative:	
Weight:	Adoptiversary:	<i>Required for Camp Participation</i>	
Sex:	Breed:	Color:	Spayed/Neutered: Y / N
Primary Vet:		Vet Phone #:	
Medical Condition(s):			
Current Medication(s):			

Food Restrictions/Allergies:	
Do you want your dog to receive a lunch or snack while at camp? <i>Either can be provided by PVVH at an additional charge to cover the food, or you are welcome to supply your own lunch/snacks that can remain at PVVH.</i>	Y / N
Do you give PVVH permission to provide your dog with kennel treats for special occasions, enrichment, and/or during/after services (e.g., nail trim)?	Y / N
Do you give PVVH permission to use conditioning spray on your dog at the end of day?	Y / N

## My Camper's Routine Camp Schedule

If you are interested in setting up a recurring camp schedule for your dog, we are happy to help! Please review the Day Camp Schedule Options below then proceed to the Day Camp Schedule Selections table for completion. Circle AM, PM, or Full as they apply to each day of the week you wish for your dog to participate in camp. Then write in the time you wish to drop off and pick up each day.

If you need to make any changes to your schedule at any time or you need to cancel or reschedule for a particular day, we ask you to either call/text PVVH at: (413) 773-7511 or email us at: [pvvhreceptionist@gmail.com](mailto:pvvhreceptionist@gmail.com) with as much notice as possible so that we may best assist you.

### Day Camp Schedule Options

Drop off time options:	Full Day and AM	PM
	Between 7:00 AM and 9:00 AM	Between 11:45 PM and 1:15 PM
Pick up time options:	AM	Full Day and PM
	Between 11:45 PM and 1:15 PM	Between 4:00 PM and 5:30 PM

Please note that if you need a drop off or pick up time outside of the above options to please let us know and we may be able to make accommodations, though we cannot guarantee every request.

### Day Camp Schedule Selections

Monday	Tuesday	Wednesday	Thursday	Friday
AM PM Full	AM PM Full	AM PM Full	AM PM Full	AM PM Full
Drop Off at	Drop Off at	Drop Off at	Drop Off at	Drop Off at
Pick Up at	Pick Up at	Pick Up at	Pick Up at	Pick Up at

## Camp Policies Agreement

Initial: \_\_\_\_\_ Due to the unpredictable nature of any dog put into a group situation, injuries can and will occur. Even a vigorous play session can turn into a disagreement resulting in minor injuries. We do everything possible to maintain a safe environment for the staff and dogs. There may be an instance where your dog receives injuries, and we will inform you of any injuries we are aware of in a timely manner. Please also be aware that in the instance of an altercation requiring medical attention, you are responsible for any medical costs incurred. Our hospital staff will evaluate your pet and call you with any recommended treatment.

### Treatment Authorization

- I authorize Pioneer Valley Veterinary Hospital to treat my animal in case of any illness or injury during day camp.
- I **DO NOT** authorize Pioneer Valley Veterinary Hospital to treat my animal under any circumstances **EXCEPT** in a life threatening emergency.

Initial: \_\_\_\_\_ I understand that PVVH will attempt to contact me and/or my designated emergency contact, if possible, before treatment is started. I agree to pay all costs incurred during treatment. I have read and completed the above information and authorization for my pet.

Initial: \_\_\_\_\_ I understand that if I am late, I may be unable to pick up my animal until the next day once the office opens in the morning, and I will be responsible for paying the standard day camp charge and standard boarding rates .

Initial: \_\_\_\_\_ I agree to keep my dog on monthly flea and tick prevention and to keep them up-to-date on the required vaccines and the every 6-month fecal analysis with the understanding that any overdue services may interrupt my dog's camp participation.

## Enrichment Participation Information and Agreement

Receiving varied enrichment regularly helps support the overall well-being and happiness of our camper pals! Enrichment opportunities may include but are not limited to: Nap Time Treats; arts and crafts; puzzles; contests; olfactory treats; splash pools; dig boxes; toys; and special seasonal events. Be on the lookout for email notifications in addition to our social media posts about upcoming events and enrichment to ensure your dog gets to participate.

There will be a small fee required for some of the enrichment being offered to help cover the cost of the items being purchased and supplied as well as for preparation and distribution time. *The fee may range from \$3.00 to \$15.00.* Registration will be required in advance for enrichment requiring a fee. Registration information will be communicated primarily through email, so be sure to check yours regularly! *Enrichment fees are to be paid daily or ask about our prepaid packages.*

I, \_\_\_\_\_, acknowledge there are always risks of injury when new items are provided, such as inappropriate ingestion or disagreements with friends, even with safety protocols in place, and I provide my permission for my dog's participation.

I, \_\_\_\_\_, understand that it is my responsibility to inform PVVH of any changes in my decision, to provide payment for applicable enrichment participation, and to cover the costs of any injuries that may be sustained during an enrichment event.

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Owner's Signature

Date

## General Photo Release

I accept / decline (please circle) to allow Pioneer Valley Veterinary Hospital, Inc. to take photographs of my pet and to use the pictures of my pet on their website or any social media. I release all claims, financial or otherwise, to the photo(s) taken to Pioneer Valley Veterinary Hospital, Inc. and its affiliates. I realize that photos may be used for advertising, illustration, or educational purposes, and may be allowed to be viewed by other entities other than members of PVVH.

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Owner's Signature

Date

## Personal Belongings Waiver

I would like my dog to receive personal belongings, including toys, bones, chews, and/or treats, during down time when in their Kennel Space for camp, and/or I would like my dog to wear a sweater or jacket during colder temperatures or inclement weather to ensure warmth and comfort. I understand that there are inherent risks in receiving items in the Kennel Space as staff cannot provide constant supervision despite frequent checks on all animals, including but not limited to choking, inappropriate digestion, oral lesions, and upset stomach. I understand that a sweater or jacket may become dirtied or ripped during play outside with other dogs. In understanding all risks, I give PVVH permission to provide personal belongings to my dog while at camp and will not hold PVVH responsible for replacement of any items. I also understand and agree that any costs to treat injuries sustained are my responsibility to cover.

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Owner's Signature

Date

All provided authorizations throughout the Annual Day Camp Information Update document are good for one year from signature date. By signing below, I certify that the above information is correct, and I understand that it is my responsibility to provide PVVH with any updates as appropriate. I also agree to pay any and all charges incurred through my dog's participation in PVVH's Dog Day Camp Program.

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Owner's Signature

Date

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Kennel Staff's Signature

Date

## Camp Questionnaire

Has your dog ever been to a daycare or dog park?	Y / N
If yes, where?	
What were your dogs interactions like with the other pups at camp or in the park?	
My dog was: Submissive / Dominant / Neutral / Friendly / Shy / Fearful / Excitable /	

Vocal (i.e., barking, growling)	
If your dog has never been to camp or a dog park, how have they typically responded to other dogs whether on a walk, in the yard, or through the window?	
My dog is: Submissive / Dominant / Neutral / Friendly / Shy / Fearful / Excitable / Vocal (i.e., barking, growling) / Territorial	
For dogs, my dog prefers: Males / Females / Smaller Dogs / Dogs of Similar Size / Larger Dogs / No Preferences	
My dog can be reactive: On Leash / At Barriers / For Introductions / N/A	
How does your dog respond to strangers and new people?	
My dog is: Friendly / Shy / Fearful / Excitable / Vocal (i.e., barking, growling)	
For people, my dog prefers: Men / Women / No Preference	
Does your dog have strict boundaries?	Y / N
If yes, how so?	
When it comes to play, my dog prefers interactions with: Other Dogs / People / N/A	
Does your dog enjoy playing with toys?	Y / N
Does your dog have any preferences for toys?	Y / N
If yes, what are your dog's favorite kind of toys?	
Does your dog ever guard resources (i.e., toys, treats, etc.)?	Y / N
If yes, please explain how so and include what kinds of resources have been typically guarded:	
Has your dog ever bitten a person?	Y / N
If yes, please explain in detail:	

Has your dog ever bitten another dog?	Y / N
If yes, please explain in detail:	
Does your dog exhibit fear with loud noises or thunderstorms?	Y / N
Does your dog exhibit any destructive behaviors when left alone (i.e., tearing bedding, breaking toys, chewing on inappropriate objects)?	Y / N
Has your dog been crate trained?	Y / N
If yes, how do they behave in a crate?	
Does your dog tend to dig holes?	Y / N
Has your dog ever escaped from an enclosure or fenced yard?	Y / N
If yes, please describe:	
How would you describe your dog's personality?	
Has your dog attended any training classes?	Y / N
If yes, please list all classes attended and where:	
What commands/cues/tricks does your dog know?	
Please include any additional information about your dog that will best help us evaluate and care for them:	

**By signing below, I certify that all of the information provided on the Camp Questionnaire is true and complete. I also agree to pay all charges incurred during my camper's stay, including the Camp Evaluation fee. I understand that Pioneer Valley Veterinary Hospital, Inc. reserves the right to decide whether or not my dog is eligible to participate in PVVH's Camp Program based on observed behavior during the Camp Evaluation and ongoing interactions and behavior with staff and other camp participants.**

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Owner's Signature

Date

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PVVH Representative

Date