



Wagsville Dog Camp

1107 Harding Road, Bowen Island, BC V0N 1G2

Ph: 604-809-2969

Email: info@wagsville.com

Dog's Name: _____ Gender: Male Neutered _____

Breed: _____ Female Spayed _____

Colour, identifying marks, etc: _____

Owner's Name: _____

Phone #: _____ Email: _____

Address: _____

What food is being provided (Brand/Type) _____

Amount per meal _____

A copy of the following immunization records is required:

-Bordatella (Kennel Cough)

-Rabies

-DHPP (Distemper, Hepatitis, Para-Influenza and Parvovirus)

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- 1- The undersigned being the owner of the above dog(s) does hereby agree that Wagsville Dog Camp Inc., Barash Vaziri, Tara Kane-Vaziri, or employees shall be not be liable for sickness, injury or death, contracted or suffered while the dog(s) was boarding at Wagsville Dog Camp Inc.
 - 2- The undersigned hereby releases Wagsville Dog Camp Inc., Barash Vaziri, Tara Kane-Vaziri, or employees from all liability for any loss or expenses suffered as a result of any happening (included but not limited to disappearance, runaway, death from any cause, fire, theft etc) through transportation or otherwise during the time the dog(s) was boarding on or off the premises of 1107 Harding Road, Bowen Island, BC V0N 1G2
 - 3- The undersigned authorizes Wagsville Dog Camp Inc. to engage the services of a veterinarian to treat the dog whenever deemed reasonably necessary. By signing the below the owner or the owner's agent guarantees payment of any and all veterinarian fees incurred in this respect.

Owner's Signature: _____ Date: _____