



Mills River Dog Camp  
2530 Butler Bridge Road  
Mills River, NC 28759  
828-747-2994

## Camper Registration

Parent Name \_\_\_\_\_ Co-Parent Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number:  
\_\_\_\_\_

Can we send you text/picture messages at these numbers? Yes / No

Email Address: \_\_\_\_\_

Would you like to receive emails from Mills River Dog Camp? Yes / No

How did you hear about us?  
\_\_\_\_\_

### Emergency Contact Information (Someone you would want us to call if you are not available)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Camper Name:** \_\_\_\_\_  Male  Female  Spayed/Neutered

Breed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Color/Markings \_\_\_\_\_

### Meal Time

Brand of food? \_\_\_\_\_ How much does your dog eat at each meal?  
\_\_\_\_\_

How often during the day does your dog eat? \_\_\_\_\_ Can your dog have  
treats? \_\_\_\_\_

Any food allergies? \_\_\_\_\_ If yes, what is your pet allergic too?  
\_\_\_\_\_

### Activities

Has your dog ever been boarded before? \_\_\_\_\_ Crate trained?  
\_\_\_\_\_

Can your dog jump/climb over fences? \_\_\_\_\_

What are some of your pet's favorite things to do?

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**Medical Information**

Is your pet on any medications? \_\_\_\_\_ If yes, what medications and how often are they given?

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  AM

Noon PM

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  AM

Noon PM

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  AM

Noon PM

Additional Notes:

**Medical History:** *Please provide any pertinent medical history that we would need to know about your pet*

If you have additional pets please request another Pet Registration form.

**Veterinarian Information for your Pets:**

Name of Hospital/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

**Emergency Veterinary Hospital Preference**

- V.E.G. (Veterinary Emergency Group)
- Western Carolina Regional Animal Hospital
- MedVet
- S.A.V.E.S. (South Asheville Veterinary Emergency & Specialty)

If your pet experiences a medical emergency while at our facility what is the veterinary limit you will authorize us to have if you are not able to be reached? \$ \_\_\_\_\_

### Photo and Video Release

At Mills River Dog Camp we utilize social media and would like to have your permission to take photos to share on our website, Facebook and Instagram. Your pet's photos will be display in a fun but professional manner. Please indicate below if you would give us permission to use your pets name, images and videos at any time for media, marketing and advertising use.

- I give permission to MRDC to use my pet's name, images and videos for website, social media and marketing use.
- I do not give permission to MRDC to use my pet's name, images and videos for website, social media and marketing use.

By signing I give permission for Mills River Dog Camp to care for my pet. All information I've provided on this form is accurate and will notify Mills River Dog Camp immediately if any information changes.

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Owner's Signature

Date