



New Client Form

Owner(s) Information:

Today's Date _____

Name _____ Email _____

Address _____ City _____ State ____ Zip _____

Cell # _____

Work # _____ Place of Employment _____

Emergency Contact _____ Relationship: _____ Cell # _____

Name _____ Email _____

Address _____ City _____ State ____ Zip _____

Cell # _____

Work # _____ Place of Employment _____

Send Reminders by Email to: _____ OR Text to: _____

How did you hear about us? Google ____ Website ____ Yelp ____ Facebook ____ Instagram ____ Referral ____

Printed Vaccinations for Rabies, Distemper/Parvo and Bordetella are required from you or your vet **prior** to check-in. Fax: 785-827-5721 Email to soggydogsuites@gmail.com.

Veterinarian: _____ City _____ State _____

1st Dog

Name: _____

Breed: _____

Female: ____ Spayed ____ Fully Functional

Male: ____ Neutered ____ Intact

DOB: _____ Color: _____

Weight: _____

2nd Dog

Name: _____

Breed: _____

Female: ____ Spayed ____ Fully Functional

Male: ____ Neutered ____ Intact

DOB: _____ Color: _____

Weight: _____

Bathing Policy:

Your dog's comfort is our top priority, and the guests are "walked" outside six (6) times per day. Changes in surroundings and diet can lead to stress, and may result in an upset stomach and/or diarrhea. In case of an accident, our staff will provide the proper care and bathe your dog, if necessary. A Sani-Bath charge will be added to your ticket for this additional service. (Sani-Bath fee is determined by size, temperament and condition of fur.) Minimum: \$25

Owner Signature_____
Dog(s) Name_____
Date



General Authorization & Release Form

General Terms: Soggy Dog Suites, Inc. (SDS) will exercise reasonable care for the safety of your pet, and keep the boarding premises sanitary and properly enclosed. Pets will be fed properly and regularly, and housed in clean, safe quarters. SDS cannot guarantee against accidents. We are not liable for loss or injury caused by or to pets at this facility. Owner agrees to be solely responsible for any damage and/or caused by owner's dog while in the care of SDS.

Flea & Tick Prevention: SDS strongly recommends that your dog be on a flea preventative medication. Please understand that while we make every effort to ensure our facility is a flea-free environment, your dog may be exposed to fleas and/or flea eggs. If we notice the presence of fleas and/or flea eggs, we will take proper precautions at the Owner's expense.

Deposit: SDS requires a \$50 non-refundable deposit for stays of seven (7) days or more. Deposit is due 48 hours prior to check-in date, payable by cash or credit card and is applied to invoice. Without 48 hours of advance notice of reservation, deposit is not refunded.

Photo Release: I agree SDS may use photographs of me and/or my dog(s) with or without my name and for any lawful purpose, including publicity, illustration, advertising, web content, and media sites. _____ **(Initial)**

Personal Items: Bring your dog's food, treats (NO rawhide) and one favorite toy. Please leave your dog's bed and feeding bowls at home; we provide a comfortable Kuranda cot, cozy fleece blanket and stainless-steel bowls for their use during their stay as required by Kansas State regulation.

Medication and Treatment Authorization: If we believe your dog is in need of veterinary care, and if time permits, we will attempt to contact you before obtaining care; however, this document shall serve as our authorization to obtain veterinary care for your dog regardless. As the dog's Owner, you are responsible for expenses incurred for veterinary care and transportation, whether or not we have been able to reach you in advance. By signing this "Authorization", you authorize SDS to make decisions regarding your pet's care, and agree to pay for all costs acquired, not limited to boarding, daycare and salon service. _____ **(Initial)**

Geriatric Dogs: Older dogs may experience additional stress in the boarding, daycare or salon environment. SDS is dedicated to providing exceptional care for dogs, including geriatric animals. Your signature acknowledges that you are aware of any related risks to your pet.

Group Play/Daycare Authorization: Daycare involves dogs interacting in a group setting. Dogs in daycare/group play, and/or on potty breaks, may play in the pool, fetch toys and run with other guests. Although these activities are supervised, any time dogs play together there is the possibility of injury. There is also an increased risk of transmitting coughs, colds and parasites. Just like human children in daycare, there is a risk of upper respiratory infection which can occur in group play, at dog parks, on the sidewalk, or boarding and daycare facilities. Your initials acknowledge that you are aware of the risks involved with any dog group activity, and that you agree to hold SDS harmless for the associated risks, and you authorize your dog to enter into group play and/or daycare program. Group play/Daycare participation is contingent on completing a temperament assessment. _____ **(Initial)**

This Authorization and Release will remain in force for all dog visits to SDS, for any services including, but not limited to, boarding, daycare and salon services.

I hereby agree to the foregoing as the Owner of the below named dog(s). I further certify that my dog is in good health and has not been ill with any communicable condition nor exposed to any communicable diseases within the last thirty (30) days. Moreover, I certify to the accuracy of all information given about my dog and that my dog has not harmed or shown aggressive, or threatening behavior toward any person or animal. I have read and understand the foregoing.

Owner Signature

Dog(s) Name

Date



Boarding Information

Soggy Dog Suites, Inc. (SDS) asks for the following information to personalize your dog's stay. There are no answers that would prevent your dog from staying at Soggy Dog Suites. The more we know, the more your dog will enjoy their stay. **Please consider your dog's feeding routine, behavior, anxiety and circle all that apply:**

1st Dog's Name _____ **(Please see next page for additional Dog information)**

Type of food your dog eats: Dry Wet Details _____

When do you feed? AM Noon PM Other Free Feed Do you leave food down all day? Yes No

Amount per feeding? _____

Any sign of food aggression? Please describe _____

If there are multiple dogs, do you need to separate to feed? Yes No NOTE: We feed each dog with a separate bowl.

Any food allergies? Please describe _____

Any medical condition or previous injury? _____

Medication/Purpose	Dosage	Times/Day

Is this your dog's first boarding experience? Yes No Any stress/anxiety symptoms: Doesn't eat Vomiting/bile Bloody Diarrhea. _____

Does your dog have special needs? (i.e. Difficulty standing, walking, blind, deaf, no teeth) _____

Does your dog prefer: Men Women No Preference

Shown aggression towards any person/animal? Yes No Describe _____

Enjoy playing with people: Yes No What activities and/or toys? _____

Fearful: thunder lightning hats glasses hoodies Other? _____

Separation anxiety? (i.e. Chewing furniture or belongings, excessive barking whining scratching digging) _____

Has your dog had training? _____ Yes _____ No

Commands or special words/phrases your dog understands. _____

Does your dog have a history of escape or attempts? (i.e., opening doors, wiggling out of collars, jumping fences)

Please describe. _____

Any additional concerns or requests: _____

Soggy Dog Suites Boarding Information (continued)

2nd Dog's Name _____

Type of food your dog eats: Dry Wet Details _____

When do you feed? AM Noon PM Other Free Feed Do you leave food down all day? Yes No

Amount per feeding? _____

Any sign of food aggression? Please describe _____

If there are multiple dogs, do you need to separate to feed? Yes No NOTE: We feed each dog with a separate bowl.

Any food allergies? Please describe _____

Any medical condition or previous injury? _____

Medication/Purpose	Dosage	Times/Day

Is this your dog's first boarding experience? Yes No Any stress/anxiety symptoms: Doesn't eat Vomiting/bile Bloody Diarrhea. _____

Does your dog have special needs? (i.e. Difficulty standing, walking, blind, deaf, no teeth) _____

Does your dog prefer: Men Women No Preference

Shown aggression towards any person/animal? Yes No Describe _____

Enjoy playing with people: Yes No What activities and/or toys? _____

Fearful: thunder lightning hats glasses hoodies Other? _____

Separation anxiety? (i.e. Chewing furniture or belongings, excessive barking whining scratching digging) _____

Has your dog had training? _____ Yes _____ No

Commands or special words/phrases your dog understands. _____

Does your dog have a history of escape or attempts? (i.e., opening doors, wiggling out of collars, jumping fences)

Please describe. _____

Any additional concerns or requests: _____