

New Client Form

Services to be provided: (Check all that apply)	Boarding	Daycare		_Salon Services
Owner Information:				
Name(s):		E-mail:		
Address:	City:		State:	Zip:
Cell:	Home:		W	ork:
Emergency Contact:	Phc	one:	Relationship:	
Would you prefer appointme	ent reminders by e-mail?	or text?	Text to	:
Current vaccinations requ	ired: Rabies, Distemper/P	arvo, and Bord	etella Su	uggested: Leptospirosis
	written documentation of y			· · · · · · · · ·
Veterinarian/Clinic:	City:		State:	Phone:
1 st Dog Name:		2nd Dog Name:		
Breed:		Breed:		
Female: Spayed	Fully Functional	Female:	_Spayed	Fully Functional
Male:Neutered	Fully Functional	Male:	Neutered	Fully Functional
DOB:	Color:	DOB:		Color:
Weight:		Weight:		
Does your dog have a medi	cal condition or previous inju	ry?		

Dog's Name	Medication(s)	Dosage (Times per day)	Purpose	Special Instructions

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

This form contains information required to provide the best care for your dog. Thank you for choosing Soggy Dog Suites.

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. _____ (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 Name (Please Print)

Owner Signature

Date

Pet's Name

Pet's Name

Boarding Client Form

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.

Feeding: What type of food do your feed? Dry Wet Is This a prescription diet?
How often do you feed each day? (Please circle.) One Two Three Four Free Feed
What time(s)? Amount per feeding?
Do you leave the food bowl down if not eaten right away? Yes No
If there are multiple dogs, is it okay for them to eat together? Yes No
Each dog will be fed using a separate bowl.
Does your dog have food allergy? Please describe
Has your dog ever shown any sign of food aggression? Please describe
Personality/Behavior:
Has your dog been boarded? How did he/she do? Were there stress-related symptoms we should look for? (i.e. not eating, vomiting, diarrhea, etc.)
Does your dog have special care need? (i.e., difficulty standing, walking, blind, deaf, no teeth)
Does your dog prefer: men womenno preference
Have they shown aggression towards any person or animal? Please describe.
Does your dog enjoy playing with people? What activities, and/or what toys?
Is your dog afraid of the following: thunder, lightning, hats, glasses, hoodies, etc?
Does your dog have separation anxiety? (i.e., getting in trash, chewing furniture or belongings, excessive barking, whining, scratching or digging)
Has your dog had any training classes?YesNo
Have they been "home schooled"? 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
Would your dog enjoy spending time in group play/daycare with other guests? (This is contingent on a positive temperament assessment result.)
Any additional concerns or requests:
Bathing Policy: Your dog's comfort is our top priority, and the guests are "walked" outside six (6) times per day. Changes in surroundings

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

Parent Name

Date