



Animal Hospital  
of  
**Soquel**

Date Dropping Off: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Picking Up: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Client Phone: \_\_\_\_\_

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

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

I am providing food for my pet: YES\_\_\_ NO\_\_\_ (If no, there is an extra fee of \$6 per day for food)

Describe diet and feeding instructions: \_\_\_\_\_

Does your pet have any allergies? YES\_\_\_ NO\_\_\_ If yes, please describe: \_\_\_\_\_

List any medication(s) and when they were last given (must be in original prescription bottle): \_\_\_\_\_

List any special instructions or requests: \_\_\_\_\_

- Permission for supervised play groups for dogs only: YES\_\_\_ NO\_\_\_
  - In order to keep the lodging area "flea free", if fleas are found on your pet(s) they will be treated with a topical flea preventative at an additional charge.
  - Would you like to purchase any additional services for your pet while boarding. YES\_\_\_ NO\_\_\_
- grooming  nail trim  gland expression  bath  teeth brushing

I, my agent, any member of my family or representative, hereby agrees to indemnify, to hold harmless and to release from liability, Animal Hospital of Soquel for any and all risks associated with the lodging services and for any claim against Animal Hospital of Soquel, including legal costs to defend such a claim whether or not the damages are caused in whole or in part by the negligence, actions or inactions of any of these parties. We understand that due to circumstances beyond anyone's control, if I am authorizing my pet to socialize with other lodging pets, accidents or health issues may occur. My signature below authorizes any veterinarian at Animal Hospital of Soquel to order or provide any necessary medical attention and treatment for my pet(s) in the event that I, or my agent, cannot be reached within 24 hours. In the event my pet experiences a life-threatening condition outside of normal business hours, and I, or my agent cannot be reached immediately, I authorize the staff at Animal Hospital of Soquel to transport my pet to an emergency veterinary hospital. I understand there are no veterinarians or staff member's onsite between the hours of 8pm and 7am, and that my pet will be secure, but unsupervised during this time. Signing below indicates my understanding and agreement to the terms contained within this agreement, and that I am delivering my signature freely, voluntarily and unconditionally.

Owner's Name (print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_