



New Client Form

Services to be Provided: Check all that apply: _____ Boarding _____ Daycare _____ Salon Services

Owner Information

Name(s) _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Cell (____) _____ - _____ Home (____) _____ - _____ Work (____) _____ - _____
 Emergency Contact _____ Phone (____) _____ - _____ Relationship _____

Would you prefer appointment reminders by email _____ or text? _____ Text to: (____) _____ - _____

1st Guest

Name _____
 Breed _____ Weight _____
 Female/Male Spayed/Neutered/Fully Functional
 Date of Birth ____/____/____ Color _____

2nd Guest

Name _____
 Breed _____ Weight _____
 Female/Male Spayed/Neutered/Fully Functional
 Date of Birth ____/____/____ Color _____

3rd Guest

Name _____
 Breed _____ Weight _____
 Female/Male Spayed/Neutered/Fully Functional
 Date of Birth ____/____/____ Color _____

4th Guest

Name _____
 Breed _____ Weight _____
 Female/Male Spayed/Neutered/Fully Functional
 Date of Birth ____/____/____ Color _____

Vaccinations REQUIRED: Rabies, Distemper/Parvo, and Bordetella Suggested: Leptospirosis

Soggy Dog requires **written documentation** of your dog's vaccinations **prior** to your dog's visit. You or your vet may fax to us at: 785-827-5721 or email: soggydogsuites@gmail.com

Veterinarian/Clinic _____ City _____ State _____ Phone(____) _____ - _____

Does your dog have a medical condition or previous injury?

Guest Name	Medication(s)	Dosage (#times/day)	Purpose	Special Instructions

How did you find us?

Google Search _____ Website _____ Yelp _____ Facebook _____ Name of Personal Referral: _____
 Other _____

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

Parent Name (Please Print) _____ Signature _____ Date _____



General Authorization & Release Form

General Terms: Soggy Dog Salon & Suites, Inc. (SDSS) 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. SDSS cannot guaranty against accidents and absent negligence on our part. We cannot be liable for loss or damage caused by or to pets at this facility. Owner agrees to be solely responsible for any and all attacks or damage caused by owner’s pet while it is in the care of SDSS.

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

Deposit: SDSS requires a non-refundable deposit of \$25 per dog for stays of 2 days or more, due 48 hours prior to check-in date, payable by cash or credit card. Deposits are non-refundable without 48 hours advance notice of reservation cancellation.

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

Personal Items: Please bring your dog’s food., treats (NO rawhide) and one favorite toy. We provide a comfortable Kuranda cot and cozy fleece blanket: please leave your dog’s bed at home. SDSS is not liable for any damaged or lost personal items.

_____ **Initial 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 that 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 of veterinary care and transportation, whether or not you have been reached in advance. By signing this Authorization, you authorize SDSS to make care decisions regarding your pet, and agree to pay for all costs incurred for said treatment. This Authorization applies to dogs at SDSS for any purpose, including but not limited to: boarding, daycare, and salon services.

Geriatric Dogs: Older dogs may experience additional stress in the boarding, daycare or salon environment. SDSS is dedicated to providing exceptional care for dogs, including geriatric animals. Your signature acknowledges that you are aware of any age 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, anytime dogs play together there is the possibility of injury. There is also an increased risk of transmission of ailments such as coughs, colds and parasites. Just like human children in daycare, risks of upper respiratory infections occur in group play at dog parks, on the sidewalk or at SDSS. Dogs in daycare/group play may be outside for extended periods of time and may get wet. Your signature acknowledges that you are aware of the risks involved with any dog group activities, that you agree to hold SDSS harmless for the associated risks, and are authorizing your dog to enter into our group play or daycare program.

___ **Yes** My dog can participate in Group Play and/or Daycare any time _____ **Initial**

___ **No** I will decide at each visit _____ **Initial**

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

I hereby agree to the foregoing as the Owner of the aforementioned dog. 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 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’s Signature

Date



Boarding Client Form

Soggy Dog Salon & Suites asks for this information to personalize your dog's stay. There are no wrong answers and no answers that would prevent your dog from staying at Soggy Dog Salon & Suites. The more we know about your dog, the more they will enjoy their stay with us. Please complete a separate form for each dog.

Feeding

What type of food do you feed? _____
Is this a Prescription Diet? _____
How often per day? Please circle: Once Twice Three Four Free Feed
What time(s) do you feed? _____ Amount per feeding? _____
Do you leave the food bowl down for your dog if they do not eat right away? _____
If multiple dogs: Are your dogs okay to eat together? _____
Does your dog have any food allergies? If yes, to what? _____
Has your dog ever shown any signs of food aggression? If yes, please describe: _____

Personality/Behavior

Has your pet been boarded/groomed/daycare before: _____ If yes, how did she do? Are there stress-related symptoms we should look for? (i.e. not eating, vomiting, diarrhea, etc.) _____

Does your dog have special care needs due to age-related issues? (difficulty standing, walking, blind, deaf, no teeth): _____

Does your dog prefer men, women or no preference? _____

Has she shown aggression towards any person or animal? If yes, please describe: _____

Does your dog enjoy playing with people? What activities? What toys? _____

Please list anything your dog is fearful of (thunder, lightning, hats, glasses, hoodies, etc.) _____

If not crated, does she show any signs of separation anxiety? (getting in the trash, chewing furniture or belongings, excessive barking or whining, scratching or digging) _____

Has your dog had any training classes or is she "home schooled"? _____

Commands or special words/phrases your dog understands: _____

Does your dog have a history of escape or attempts? (opening doors, wiggling out of collars, jumping fences?) If yes, please describe: _____

Would they enjoy spending time in group play/daycare with other guests? (Dependent on a positive temperament test result) _____

Any additional concerns or requests? _____

Bathing Policy

Your dog's comfort is our top priority, and we "walk" guests outside 6 times each day. Changes in surroundings and diet, however, can lead to stress, resulting in an upset stomach and/or diarrhea. In case of an accident, our staff will provide the proper care and bathe your dog. A \$25* Sani-Bath will be added to your ticket for this additional service when necessary.

*Minimum fee, based on size, temperament and condition

Parent Name _____ Guest Name _____ Date _____



Salon Client Authorization & Release Form

At first appointment, client **must also** complete the General Authorization & Release Form (See Page 2)

Basic Information

Has your dog been groomed before? _____ Were there stress-related issues? (i.e. biting, pulling away, diarrhea, excessive barking, etc.)

What positive or negative grooming experience has your dog had? (i.e. Cut, nails quicked, afraid of clippers, etc.)

How often is your dog groomed? _____ Do you have concerns about skin issues? Please describe any allergies or sensitivities we should be aware of:

Please list anything your dog is fearful of: (i.e. vacuum, clippers, noise, hats, eyewear/glasses, hoodies, etc.)

Does your dog need special care due to age-related issues? (i.e. difficulty standing, walking, blind, deaf, no teeth)

Are there other concerns you have?

Shave Down Authorization: Shave Down Authorization is required when the grooming staff determines a shave down is the best recourse for grooming your dog. This decision is made based on the stress and discomfort it would cause your dog if we were to attempt to brush or groom their coat. During a shave down, even with special care given to safety, it is possible your dog could be nicked or cut, or get razor burn. Your signature acknowledges that you are aware of the risks, releases Soggy Dog Salon & Suites from any responsibility for any trauma to the pet as a result of the shave down, and authorizes a shave down if it is deemed necessary by the grooming staff.

This authorization is on-going, until I request in writing that it be cancelled. _____ **(Initial)**

Please call me for an approval prior to any shave down. _____ **(Initial)**

This authorization is for today only. _____ **(Initial)**

I agree to the above as the Owner of _____ (Dog's Name)

Owner Signature

Date

Staff Signature

Thank you! This information will help us provide the very best care for your dog.