

THE SMITHS

Love and Lodging for Your Family Dog

17150 Mitchell Avenue, Monument, Colorado 80132 719-481-9037

Email: dogsarehere@msn.com

Website: www.smithsdoglodge.com

Client Information (Please fill out one form per dog):

Your Name: _____ Date: _____

Address: _____ Phone: _____

_____ Alt. Phone: _____

E-mail: _____

Dog's Name: _____ DOB: _____

Breed(s): _____ Weight: _____

Please circle: Female / Male Spayed/Neutered: Yes / No

Vaccination Records:

Please attach a copy of your dog's immunization records to this form

Required:

1. Rabies 2. Distemper 3. Bordatella 4. Canine Influenza. (Lepto is Recommended)

Veterinarian: _____ Phone: _____

Food Brand and Feeding Instructions:

Medication Instructions: (must be in original vial with administering veterinarian's information)

History, Behavior, current issues: Please check all that apply.

- _____ My dog sleeps in a crate at home or when required
- _____ My dog is an alpha dog
- _____ My dog pees submissively when approached by others
- _____ My dog runs away if left off-leash
- _____ My dog is afraid of thunder and lightning
- _____ My dog is possessive of his/her food/toys
- _____ My dog plays well with other dogs
- _____ My dog has allergies
- _____ My dog has used a bark control collar
- _____ My dog is house-trained
- _____ My dog is aggressive toward other dogs
- _____ My dog has separation anxiety
- _____ My dog has difficulty going up and down stairs
- _____ My dog has medical issues that require monitoring or medication

Other Important information:

Referred by _____

The Smiths Release Form:

Dog's Name: _____

1. Medical Release:

By signing this consent I am authorizing Nancy or James Smith to facilitate emergency medical services for my dog identified on this form beginning while my dog is residing with them. I understand that James or Nancy Smith will do all they can to contact me first prior to facilitating medical attention, which may include veterinarian visits, x-rays, surgery, bandages, and euthanasia. The cost of these services must not exceed \$ _____ / or, unlimited (please circle). In the event that the costs exceed the amount indicated here I understand that James and Nancy Smith will contact me to make plans for my dog's care until I return.

Signed: _____ Date: _____

2. Photo Release Form

I hereby give The Smiths (James and/or Nancy Smith) permission to take photographs of my dog(s) for the purpose of promoting The Smiths, Love & Lodging for Your Family Dog. I hereby release and discharge any benefit, claims or compensation from the use of these photographs for any purpose, including commercial enterprises, and recognize that such photographs are the sole property of The Smiths.

Signed: _____ Date: _____

3. The Smiths Compatible Pack Philosophy

I hereby acknowledge that while my dog(s) is at The Smiths, he or she will be placed in a "compatible pack" for play, exercise and socialization training. I hereby release the Smiths from any liability related to the inherent risks and dangers of such activity and retain full responsibility for the medical care of my own dog. The Smiths will continue to be both thorough and accurate as is possible in assessing each dog for appropriate placement in a compatible pack. The Smiths will offer a detailed verbal report to me of any issues or problems related to my dog's ability to remain friendly with both people and other dogs.

Signed: _____ Date: _____

4. Crates / Kennel Release

I hereby acknowledge that while boarding at the Smiths, my dog may be placed in a clean kennel crate for the purpose of sleeping, resting, and eating. I acknowledge that the Smiths have offered information regarding the benefits of the discipline of crating. I hereby give them my permission to use a crate at their discretion while my dog is boarding at their facility according to the normal routine of activities at the lodge.

Signed: _____ Date: _____

5. Authorization for Veterinarian Record Release

I, _____, designate The Smiths Dog Lodge, James or Nancy Smith, 17150 Mitchell Ave, Monument, CO 80132, 719-481-9037 as my designated representative for receipt of veterinary records and information concerning my dog, _____. My veterinarian and/or veterinarian office, _____ is authorized to release part or all records and information concerning my dog listed above. I will pay all costs, if applicable, for providing said information and records.

Signed: _____ Date _____