



# PET PALACE HOTELS

BOARDING · GROOMING · DAYCARE

## NEW CLIENT INFORMATION SHEET

Full Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ How were you referred: \_\_\_\_\_

Name(s) of anyone else authorized to pick up my pet, other than my Spouse (**Please note, PPH will not release your pet to anyone without specific permission to do so**): \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Your Regular Veterinarian

Clinic / Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### My signature below is in acknowledgement of the following (please read carefully):

- ✓ I have read, understand and received a copy of Pet Palace Hotels Policies and Requirements.
- ✓ I accept full financial responsibility for any charges incurred by my Pet while participating in Boarding, Daycare, Grooming or any other services at Pet Palace Hotels. I also understand that **payment is due at time of services**.
- ✓ I further acknowledge that payment is due at time of services, that payment can be made by credit card, check, or by exact cash and that there is a **\$35.00 Returned Check fee**.
- ✓ I have read the "Emergency Consent to Treat" form and indicated my selection, and by doing so, release Pet Palace Hotels from any liability resulting from my decision.
- ✓ I understand that all boarding pets participate in Doggie Daycare, unless otherwise indicated, and that attendance is not without risk to my dog. I hereby waive and release Pet Palace Hotels and its employees from any and all liability of any nature for any injury or damage which my dog may suffer, including but not limited to injury or damage resulting from the action of any dog or from use of or presence upon premises' equipment, and I expressly assume the financial responsibility should my pet require veterinary care to address any medical issues related to participation in Doggie Daycare. I hereby agree to indemnify and hold harmless Pet Palace Hotels and its employees from any and all claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## PET INFORMATION SHEET

Pet's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Microchip ID #: \_\_\_\_\_ Can your pet have treats? \_\_\_\_\_ No \_\_\_\_\_ Yes

Has your Pet ever had a vaccine reaction? \_\_\_\_\_ No \_\_\_\_\_ Yes

Please list any medical conditions your pet has (i.e. arthritis, diabetes, seizures, etc): \_\_\_\_\_

\_\_\_\_\_

Please list any medications your pet takes regularly:

Medication Name	Dosage	Frequency

Does your pet have any of the following issues (check all that apply):

- Cage Aggression
- Thunderstorm Phobia
- Food Aggression
- Chews / Destroys Toys or bedding
- Dog Aggression
- Jumps or Climbs Fences / Escape Artist
- Coprophagia (Poop Eater)
- Biter
- Exercise Restrictions as follows: \_\_\_\_\_  
\_\_\_\_\_
- Allergies: \_\_\_\_\_  
\_\_\_\_\_

Your Pet's personality (circle all that apply):    Submissive    Dominant    Excited    Shy    Neutral

Any other information you would like us to know: \_\_\_\_\_

\_\_\_\_\_



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## EMERGENCY CONSENT TO TREAT

Pet Palace Hotels will make every effort to contact you or your Responsible Party in the event of an emergency. We would like to know how to proceed if your pet should need medical care. Our primary concern is ensuring your pet's comfort and his/her ability to receive rapid medical treatment should problems occur.

**Please initial by one of the following options:**

\_\_\_\_\_ **I need to be contacted first:** In the event of an emergency, please make every effort to contact me or my Responsible Party. In the event that Pet Palace Hotels cannot reach me or my Responsible Party, I give my permission to have Pet Palace Hotels take initial measures to stabilize my pet and alleviate pain and discomfort until I am contacted for further instructions.

\_\_\_\_\_ **I do not need to be contacted first:** I give my permission to have Pet Palace Hotels take initial measures to treat my pet for any medical issue(s) that should occur. If standard protocols do not correct the problem and an exam with the veterinarian is indicated, I authorize the on-call veterinarian to treat my pet based on their professional recommendations and I accept full financial responsibility.

**The above conditions have been explained to me and I understand that I am responsible for all costs incurred for any exams, diagnostics and treatments provided. Furthermore, I authorize Pet Palace Hotels (and/or authorized agents) to transport my pet to Eastmont Animal Clinic for treatment including but not limited to emergency services or routine care, such as vaccinations, if necessary. I understand unforeseen circumstances can and do arise and do hereby release Pet Palace Hotels, Dr. Kimberly Ousley, The House Call Vet and/or Eastmont Animal Clinic doctors and staff from being held liable for any injury or death to my pet during transportation and/or treatments.**

## SOCIAL MEDIA PHOTO/VIDEO CONSENT FOR USE

Pet Palace Hotels may take photos and/or record videos of our Daycare and Hotel guests during their stay and post these to our website ([www.petpalacehotels.com](http://www.petpalacehotels.com)) or to our Facebook page.

**Please initial by your selection regarding permission to use photos or videos of your pet(s):**

\_\_\_\_\_ **Approve:** I hereby give Pet Palace Hotels permission to use photographs of my pet, on Facebook and other social media applications. I also grant permission for Pet Palace Hotels to publish photographs of my pet for promotion of the organization in printed publications, photographic displays on the Pet Palace Hotels web-site.

\_\_\_\_\_ **Decline**

**Pet Name(s)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_