

SNIFFERS Doggie Depot Client & Dog(s) Information and Release Form

1st Dog's name: _____

Breed: _____ Color: _____ Birthday: _____

Rescued?: _____

Dog's sex: _____ Neutered/Spayed: _____ Microchip# _____

2nd Dog's name: _____

Breed: _____ Color: _____ Birthday: _____

Rescued?: _____

Dog's sex: _____ Neutered/Spayed: _____ Microchip# _____

3rd Dog's name: _____

Breed: _____ Color: _____ Birthday: _____

Rescued?: _____

Dog's sex: _____ Neutered/Spayed: _____ Microchip# _____

Your Information:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: (H) _____ (W) _____

Cell: _____ 2nd Cell: _____

E-mail address: (used to communicate with clients on upcoming events, and changes in schedules, or contagious illnesses.)

Vet Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Emergency Contact (other than vet and owner):

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

We will only release the dog to the above said person(s), if there is someone who may need to pick up your dog for you please list them:

Name: _____

Phone: _____

Name: _____

Phone: _____

Medical History: _____

Medication: _____

Special Instructions: _____

We rarely give out treats but if we do is your dog allowed to have biscuits? Yes _____ No _____

How did you hear about SNIFFERS? _____

As owner of the above pet(s), I hereby give consent for emergency medical care as prescribed by a licensed veterinarian. This care may be given under any conditions that are necessary to preserve life, limb or the well being of my pet. I understand that I am responsible for all veterinary costs.

I consent to photographs or recording of my dog by SNIFFERS Doggie Depot for the purpose of promotion only, without compensation. I release all rights to these images or recordings to SNIFFERS.
