

521 W. Bickford Unit B
Missoula, MT 59801
406-830-3344

Owner Name: _____ Date: _____

Guest Name: _____ Breed: _____

Emergency Contact Name: _____ Phone: _____

Owner E Mail Address: _____

Primary Veterinarian Name and Phone Number: _____

Vaccine requirements for guests: DHLPP, Rabies, Bordetella

Is your pet spayed/neutered? _____ Age? _____ Gender? _____

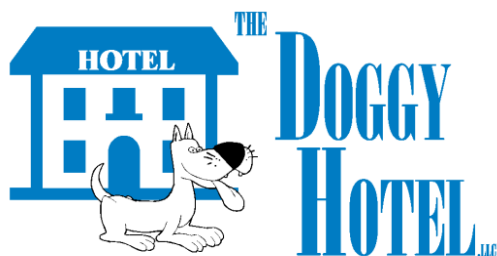
Please indicate the date you plan to pick up our guest _____

Is your pet currently taking any medications? If so please indicate prescription name:

Feeding Instructions: _____

Special Instructions: _____





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I, _____ hereby authorize **The Doggy Hotel** employees and agent to seek medically necessary emergency veterinary care for my dog _____ while in the care of **The Doggy Hotel**. I understand that if my primary care veterinary is unavailable to provide the necessary care for my pets, I am giving and do give **The Doggy Hotel** my authority to seek such treatment from a licensed veterinarian of their choice and will pay all associated costs.

I understand and agree that **The Doggy Hotel**, their employees, agents and assigns are not liable or responsible for any injury or harm to my dog which arises from any act or omission of **The Doggy Hotel**, their employees, agents, assigns and hereby release **The Doggy Hotel** from any and all such liability.

Full Payment is expected at the time of pick-up. If full payment is not made, **The Doggy Hotel** reserves the right to keep your dog at our facility until the bill is paid in its entirety. The owner is responsible for the costs incurred during the extended stay as well as the amount owed previous.

Any returned checks will be immediately turned over to an outside collections agency and will be charged \$40.

Thank you for your support and **The Doggy Hotel** looks forward to providing excellent care of our guests.

Date: _____

Signature: _____