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4385 W Kilby Rd  
Park City, UT 84098

Pet Information

Dog Name \_\_\_\_\_ Breed: \_\_\_\_\_  
Dog Birthday : \_\_\_\_\_ Color: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_  
Sex : Male Female Neutered/Spayed: YES NO

Special needs/concerns/instructions:

Feeding Instructions

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_  
Special Instructions:

Owner Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_  
Emergency Contact:  
\_\_\_\_\_

Liability and Agreements

I authorize Summit Pet Care—in the event of an emergency—to transport my dog(s) to my veterinary care provider. However, should the event be life threatening, I authorize SUMMIT PET CARE to transport my dog(s) to the nearest, open veterinary provider. If yes, please sign and date below

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Vet: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone #: \_\_\_\_\_

I authorize the SUMMIT PET CARE staff to allow my dog(s) to mingle and socialize with other client's dogs. By authorizing this, I understand that I am liable for all and any injuries or illnesses that occur to my dog(s). I understand that the SUMMIT PET CARE staff will do all possible to ensure the safety of the dogs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if any damage is done to personal belongings, brought by me (the owner), SUMMIT PET CARE is not responsible for reimbursing or replacing said items. If yes, please sign and date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize SUMMIT PET CARE to post any pictures of my dog(s) taken while at SUMMIT PET CARE to social media accounts belonging to SUMMIT PET CARE, including Facebook, Instagram and our website. If yes, please sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_