

# Santa Monica Paws

## Customer Information Sheet

Phone: 310-488-1232

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Birth Date: \_\_\_\_\_

**Neutered Male / Spayed Female:** \_\_\_\_\_

**Method of Flea Control:** \_\_\_\_\_

Has your pet ever been cared for by another person at your home, boarded or attended day care? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet housebroken? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your dog ever had Kennel Cough? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your pet cough, sneeze, wheeze or exhibit any asthmatic symptoms?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long have symptoms been present?  
\_\_\_\_\_

Has your pet ever bitten a person? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever exhibited aggressive behavior towards people or other animals? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:  
\_\_\_\_\_

Has your pet ever been bitten or attacked by another animal, or been abused?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

## Medical and Emergency Information

Veterinarian: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Vaccinations

Please list the **DUE DATE** of the following vaccinations:

**Dogs:** Rabies \_\_\_\_\_ DHLP \_\_\_\_\_ Parvo \_\_\_\_\_

Bordetella \_\_\_\_\_ Distemper \_\_\_\_\_

**Cats:** Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_

Feline Leukemia Testing \_\_\_\_\_

Please describe any medical or physical

problems: \_\_\_\_\_

Emergency Contact (it other than Owner:) \_\_\_\_\_

### Emergency Medical Care

If, in our judgment, your dog or cat requires medical care and we are unable to reach you, please indicate below whether you want us to take your dog to a veterinarian or animal hospital under instructions.

By initialing your signature on the line, you agree to be solely responsible for the payment of all medical bills for your pet and you release *Santa Monica Paws*, its officers, directors, agents and employees of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital.

By initialing your signature on the line, you agree to release *Santa Monica Paws*, of and from any and all responsibility for or claims, damages, debts; arising out of or related to *Santa Monica Paws* not providing or obtaining medical care for your pet and you acknowledge that *Santa Monica Paws* is not required to give any medical aid.

**Pick-up of your Pet** *Santa Monica Paws* will release your pet to:

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**By initialing**, you may verbally (by telephone) or in writing (by email or otherwise) request that *Santa Monica Paws* release your **pet** to someone other than the person(s) listed above, and you release *Santa Monica Paws* of and from any and all responsibility for releasing your dog to any person to be authorized by yourself.

**Please list any special instructions here (i.e., feeding schedule, play, potty breaks, medications, etc.):**

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*Santa Monica Paws* reserves the right to immediately change your **Pet's** type of Overnight & Day Care Program if we believe it is necessary to protect the health and well-being of your pet, other pets, or our volunteer staff. *Santa Monica Paws* cannot guarantee that toys, blankets, or beds will be kept in the same condition as brought in. *Santa Monica Paws* reserves the right, without notice, to adjust its fees for services and to refuse any customer. Please inquire on our website ([www.SantaMonicaPaws.com](http://www.SantaMonicaPaws.com)) about our current fees. **All fees are due before services are rendered. If you choose to pay after the service is complete, a \$100 deposit in cash, check, Venmo, PayPal or Credit Card is required upon your pet's arrival.**

By signing below,

1. You indicate you agree with all the terms hereof.
2. You authorize *Santa Monica Paws* to obtain medical and vaccination records for your pet from the veterinarian listed above and you hereby authorize your veterinarian to provide these records to *Santa Monica Paws*.
3. You release, indemnify and hold *Santa Monica Paws* harmless from any and all manner of damages, claims, losses, liabilities, costs, or expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by *Santa Monica Paws* which may arise from the sole gross negligence or intentional and willful misconduct of *Santa Monica Paws* including, without limitation; (i) any inaccuracy in any statement made by our self or information provided by you to *Santa Monica Paws* (ii) your pet, including but not limited to destruction of property, dog bites, fleas, transmission of disease, and (iii) and action by yourself which is in breach of the terms and conditions of this agreement.

This Agreement covers the current relationship between *Santa Monica Paws* and yourself. Each time you bring your dog to *Santa Monica Paws*, you affirm the terms of this agreement and the truthfulness and accuracy of all statements you make in this agreement.

**PLEASE READ:** For **OVERNIGHT** services, you are charged for the day you come in. **CHECK OUT TIME is at 11:00AM.** If you pick up your pet by 12:00 noon, you are not charged for that day! We give you a 60-minute grace period after the 11:00am checkout time, before extra fees begin.

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

I acknowledge and understand the below specifications for my pet at:

**Santa Monica Paws**  
SantaMonicaPaws.com

As outlined in the *Santa Monica Paws* website ([www.SantaMonicaPaws.com](http://www.SantaMonicaPaws.com)), I am aware of the hours of operation (regular business & holiday) for drop-off, pick-up, daycare and pet sitting at *Santa Monica Paws*.

I am fully aware of all fees for services rendered while my pet is being cared for at my home, boarded at Santa Monica Paws, or attending daycare with *Santa Monica Paws Pet Handlers*. Fees are for, but not limited to: reverse boarding, boarding, daycare, pet sitting, swimming, grooming, walking, agility exercise, after hours care, additional playtime or hikes, veterinary hospital visits, and/or medicine, drop-off and pick-up.

Although *Santa Monica Paws* requires my pet to receive Bordetella (kennel cough) on a yearly basis, some vets recommend that Bordetella be given on a six-month basis. Even after receiving Bordetella, your pet may develop some strains of the virus. The vaccine does not cover all strains of the virus or guarantee that your pet will not acquire the virus. Even though, *Santa Monica Paws* is a mobile business, it does have public areas in which more than one animal may use at a time, which include but are not limited to communal dog fountain, dog parks, city streets, swimming pools, patio courtyard, and play time areas.

*Santa Monica Paws* assumes no financial responsibility and will not be held financially liable for any Veterinary Expenses incurred on your pet 's behalf while your pet is in the care of *Santa Monica Paws* or immediately following your pet's visitation with *Santa Monica Paws*, this includes but is not limited to kennel cough, viruses, fleas, or accidents incurred while a resident at *Santa Monica Paws*.

This agreement covers the current relationship between *Santa Monica Paws* and yourself. Each time you bring or hand over your pet to *Santa Monica Paws*, you affirm the terms of this agreement and the truthfulness and accuracy of all statements made in this agreement.

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

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