



**CLIENT INFORMATION:**

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**VETERINARIAN INFORMATION:**

Veterinarian Facility: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**PET INFORMATION:**

Pet 1

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

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Up to date on shots: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_

Medical Conditions/ Allergies: \_\_\_\_\_

Pet 2

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

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Up to date on shots: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_

Medical Conditions/ Allergies: \_\_\_\_\_

**If you have any special requests, don't hesitate to ask.**

- Billing will be monthly via email (at the beginning of the month for the previous month)
- Cancellation Policy: 24 hour notice or time will be billed in full.

Only dogs that are social with people and other dogs will be accepted into the PUP ATHLETIC CLUB hiking group.

I understand that PUP ATHLETIC CLUB will make every effort to ensure the safety of my dog/s at anytime while in their care. I release PUP ATHLETIC CLUB from any and all liability for injury, illness, and loss. I agree to indemnify and hold harmless PUP ATHLETIC CLUB, its affiliates, and it's respective, agents and employees from any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs. I agree to pay for any and all damages and/or medical and or veterinary bills.

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

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