



Today's Date: \_\_\_\_\_

### **New Client Information Form**

#### **Primary Owner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_

Additional Phone #(s): \_\_\_\_\_

Email: \_\_\_\_\_

#### **Secondary Owner** (authorized to schedule services and make decisions regarding the care of your pet)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Email: \_\_\_\_\_

#### **Emergency Contact Information:**

Your emergency contact should be someone local who, in the event of an emergency, you trust to make critical decisions regarding the health and care of your pet.

Contact Name: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

\_\_\_\_\_

#### **Veterinarian Information and Release:**

Name of regular vet clinic: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

I understand that in the event of an emergency, Casa de Amigos Animal Hotel will make every attempt to contact me. In the event that I, nor my emergency contact cannot be reached, I agree to the following:

**In the event of illness or injury, I authorize Casa de Amigos Animal Hotel to seek appropriate medical treatment for my pet. If deemed necessary, Casa de Amigos Animal Hotel has the authority to seek treatment for my pet at Monterey Animal Hospital.**

By signing this waiver, I agree to the terms as stated above. This release does not expire and will remain valid for all future services provided by Casa de Amigos Animal Hotel.

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

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

Name(s) of pet(s): \_\_\_\_\_