

## **Doggie Social/Splash Pool Time Agreement**

**There is an additional fee for this activity.  
(\$15 per dog per day, \$7.50 additional dog)**

**Coal Ridge Animal Hospital  
6171 Pine Cone Ave.  
Longmont, CO 80504  
Telephone 303-833-1137**

Drop-off Date: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Days in Doggie Social Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

I agree to let my dog(s) co-mingle with other dogs. I understand my pet(s) may have water and non-water related incidents/accidents in spite of close supervision and I assume responsibility for all charges incurred in doggie social time/splash pool time.

Ask us about getting your dog's nails trimmed.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_