



Registration Form

CLIENT INFORMATION

Name:		Date:
Address:		
City:	State:	Zip
Home Phone:	Cell Phone (other):	
Email Address: (reservation confirmations are emailed)		
Were you referred by anyone? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name:
How did you hear about us? Please be specific		

EMERGENCY CONTACT

Name: (other than yourself)	Relationship:	
Home Phone:	Work:	Cell:
Who, besides yourself, is authorized to pick up your pet(s)?		
Name:	Phone:	

PET #1 INFORMATION

Name:	Age:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Breed:	Spayed <input type="checkbox"/>	Neutered <input type="checkbox"/>	
Colors/Markings:	Birthday:		
Where and when did you get your pet?			
Does your pet take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please explain:	
Has your pet had any injuries or surgeries?			

PET #2 INFORMATION

Name:	Age:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Breed:	Spayed <input type="checkbox"/>	Neutered <input type="checkbox"/>	
Colors/Markings:	Birthday:		
Where and when did you get your pet:			
Does your pet take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please explain:	
Has your pet had any injuries or surgeries?			
Can Pet #2 sleep in the same kennel or suite as Pet #1?			

MEDICAL INFORMATION

Veterinarian:

Phone:

Address:

City/State:

Does your dog have any medical conditions i.e. Seizures?

Type:

ADDITIONAL INFORMATION

Has your pet(s) ever stayed at a kennel or a pet resort?

Yes No

Do you have anything you would like to share about the experience?

Does your pet get along with other animals in your home?

Yes No

Please explain:

Does your dog act aggressive over food or toys?

Yes No

Please explain:

Has your pet ever growled at a person?

Yes No

Please explain:

Has your dog ever bitten a person or another dog?

Yes No

Please explain:

Is there any type of person your dog fears or dislikes?

Yes No

Please explain:

Has your dog ever jumped or climbed over a fence?

Yes No

Please explain situation and height of fence:

Are you interested in Dog Obedience Training or Group Training Classes?

Yes No

What type of Training are you interested in?

FLEA AND TICK POLICY

Please sign the agreement below:

I understand that Ruff House Pet Resort has a no tolerance policy for fleas and ticks. My pet is currently free of fleas/ticks or has been administered a preventative within the past 30 days. I also understand that if anyone at Ruff House Pet Resort discovers any fleas or ticks on my pet, they have my permission to administer Frontline treatment and/or a flea and tick bath as a means of removal.

I agree to pay, at the time of pick up, for any and all related costs to the removal.

NAME: _____ DATE: _____