



Registration Form

CLIENT INFORMATION

Name:		Date:
Address:		
City:	State:	Zip
Home Phone:	Other Phone (cell):	
Email Address:		
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:		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?			

MEDICAL INFORMATION

Veterinarian:

Phone:

Address:

City/State:

Does your pet take any medication?

Type:

ADDITIONAL PET INFORMATION

Please list other animals in your household:

Species/Breed

Spayed/Neutered

Age

M/F

Yes No

Yes No

Does your pet get along with other resident animals?

Yes No

Please explain:

Is your dog food or toy aggressive?

Yes No

Please explain:

Has your dog 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:

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: _____