Ruff House Pet Resort

Registration Form

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| **CLIENT INFORMATION** | | | | | | | |
| Name(s): | | | | Date: | | | |
| Address: | | | | | | | |
| City: | | State: | | | Zip | | |
| Cell Phone: | | Other Phone (home or work): | | | | | |
| Email Address: |  |  |  |  | (reservation confirmations are emailed) | | |
| Were you referred by anyone? | Yes No | Name: | | | | | |
| How did you hear about us? Please be specific | | | | | | | |
| **EMERGENCY CONTACT** | | | | | | | |
| Name: | (other than spouse) |  | Relationship: | | | | |
| Cell Phone: | Work: | | Home: | | | | |
| Who, besides yourself, is authorized to pick up your dog(s)? | | | | | | | |
| Name: |  |  | Phone: |  |  |  |  |
| **DOG #1 INFORMATION** | | | | | | | |
| Name: | | | Age: | | Female |  | Spayed |
| Breed: | | | | | Male |  | Neutered |
| Colors/Markings: | | | | | Birthday: | | |
| Where and when did you get your dog? | | | | | | | |
| Does your pet take any medication? | Yes No | Please explain: | | | | | |
| Has your pet had any injuries or surgeries? | | | | | | | |
| **DOG #2 INFORMATION** | | | | | | | |
| Name: | | | Age: | | Female |  | Spayed |
| Breed: | | | | | Male |  | Neutered |
| Colors/Markings: | | | | | Birthday: | | |
| Where and when did you get your dog? | | | | | | | |
| Does your dog take any medication? | Yes No | Please explain: | | | | | |
| Has your dog had any injuries or surgeries? | | | | | | | |
| **Can these dogs sleep together (if in a suite) while boarding?** | | | | | | | |

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| **MEDICAL INFORMATION** |

Veterinary Hospital: Phone:

Address: City/State:

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

# ADDITIONAL INFORMATION

Has your dog(s) ever been at a kennel, pet resort, or dog day care? Yes No Please, share your experience:

Does your dog get along with other animals in your home? Yes No Please explain:

Does your dog act aggressive or protective over food or toys? 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 over or climbed over a fence? Yes No Please explain situation and height of fence:

Are you interested in Dog Obedience Training or Problem Solving Sessions? Yes No

Which type of Training are you interested in?

Please sign below:

My representations, about my dog, are true, and have not been falsified to gain admittance to Ruff House Pet Resort. I will review and sign the Customer Agreement which further details Requirements and Restrictions for all registered dogs at Ruff House Pet Resort.

NAME (Print): DATE:

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