

# Ruffin' Around Resort & Day Spa

## Pet Sitting Registration

### Owner Information

Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse Cell \_\_\_\_\_ Email \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

In the event you or your spouse can not be reached in an emergency, please list someone we may contact who is authorized to make decisions concerning your pet's care:

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Veterinarian Information

Hospital Name \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Pet Information

Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Please Circle: Sex: Male Female Spayed/Neutered: Yes No

List Any Medical Conditions. \_\_\_\_\_

List Medications To Be Given.

Medication: \_\_\_\_\_ Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Brand Of Food Does Your Pet Currently Eat? \_\_\_\_\_

Appointment Schedule:

Arrival Time:

Food Amount:

Other Instructions:

AM Visit \_\_\_\_\_

Midday Visit \_\_\_\_\_

PM Visit \_\_\_\_\_

Anything Else Of Which We Should Be Aware? \_\_\_\_\_

Where Are The Pet's Bowls Located? \_\_\_\_\_

Litter Boxes? \_\_\_\_\_

Extra Food, Litter? \_\_\_\_\_

Treats? \_\_\_\_\_

Medications? \_\_\_\_\_

Any Other Supplies? \_\_\_\_\_

Would You Like Us To Bring In The Mail / Newspaper?    Yes    No

Would You Like Us To Vary The Lighting In Your Home?    Yes    No

If So, Any Specific Lights? \_\_\_\_\_

How Are We To Enter The Home? \_\_\_\_\_

If A Security System Will Be Armed, Describe Disarming Instructions \_\_\_\_\_

I understand payment for services rendered is due within 3 days of completion. I am aware my pet(s) may be destructive when left at home unsupervised. I assume all responsibility for any damage to my home or property caused by my pet(s); thereby releasing Ruffin' Around and their staff of any/all financial obligation of said damages. In the event my pet becomes ill or injured, I authorize the emergency contact person listed above to make medical and/or financial decisions for my pet on my behalf. In addition, I give Ruffin' Around permission to perform basic first aid and/or CPR, as well as to seek medical attention for my pet. I give the veterinarian examining my pet permission to treat him for his injuries/illness. I agree to assume all financial responsibility for my pet's medical treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

