

Ruffin' Around Resort & Day Spa

Daycare 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 At Daycare.

Medication: _____ Instructions: _____

List Any Dietary Restrictions/Allergies _____

Do you want your dog to be fed lunch? Yes No Amount _____

May your dog receive treats other than those provided by you? Yes No

Why is your dog attending daycare? (Feel guilty leaving alone, Work long hours, Want dog to socialize, Dog has separation anxiety, Exercise, Other) _____

Does your dog enjoy playing with others? Yes No I Don't Know

Has your dog ever played in an off-leash group before? Yes No

Is your dog possessive of: Toys Food Personal Space N/A I Don't Know

Does your dog chew or destroy things when left alone or unattended? Yes No

If yes, explain _____

Would you like us to provide a cot & blanket for your dog? Yes No

I understand that I am responsible for the cost of replacing the cot if my dog chews it. Initial _____

List Any Behavioral Problems (Jumping, Digging, Biting, Excessive Barking, Leash Pulling, Fearful, Other) _____

Does your dog: Dart Through Doors Jump/Climb Fences N/A I Don't Know

Anything else that would be helpful for us to know?

I understand payment is due at the time services are rendered. I also understand services may be terminated for lack of payment, unacceptable behavior, or for any other reason determined by Ruffin' Around. I am aware that, even though safety procedures and protocols are in place, animals can be unpredictable, and accidents and/or injuries may occur while my dog is at daycare. In the event of any injury, you will be notified. I give Ruffin' Around permission to perform basic first aid and/or CPR to my dog as needed by certified staff members. In the case of an emergency, I give Ruffin' Around permission to seek medical attention for my dog. I give the veterinarian examining my dog permission to treat him for his injuries. I also agree to assume all financial responsibility for my dog's medical treatment. In addition, I am aware that I am liable for any damages (to people, property, and/or other animals) caused by my dog while at Ruffin' Around Resort & Day Spa.

Signature _____ Date _____

