

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 _____

If attending for a full day, 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? Exercise Feel guilty leaving alone Work long hours
Want dog to socialize Dog has separation anxiety Other _____

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

Has your dog ever bitten a person or another dog? Yes No Explain _____

Has your dog ever been bitten by another dog? Yes No Explain _____

Is your dog possessive of: Toys Food Personal Space No I Don't Know

Does your dog: Dart Through Doors Jump/Climb Fences No I Don't Know

Does your dog use stairs without assistance? Yes No

Has your dog ever escaped from a collar or harness? No Yes Explain _____

Circle Any Behavioral Problems: Destructive Chewing Ingestion of Foreign Objects Biting
Jumping Digging Barking Leash Pulling Fearfulness Explain _____

Would you like us to provide a blanket for your dog during the rest period? Yes No

I understand that I am responsible if my dog chews/ingests it. Initial _____

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 first aid and/or CPR to my dog. 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 _____

