

Ruffin' Around Resort & Day Spa

7606 National Pike, Uniontown

724-438-RUFF (7833)

Cat Boarding Registration

Owner Information

Name _____ Spouse Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse Cell _____ Email _____

How can we reach you on this trip? _____

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

Current Weight _____

List Any Medical Conditions _____

List Medications To Be Given While Boarding.

Medication: _____ Instructions: _____

May we give your pet over the counter medications after consulting a veterinarian? Yes No

List Any Dietary Restrictions/Allergies _____

What brand of cat food is your cat currently eating? _____

Amount For Breakfast _____

Amount For Lunch _____

Amount For Dinner _____

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

If your cat is not eating, please circle which options we can use to entice him/her to eat.

Alternate Brand Of Dry Cat Food Treats Canned Cat Food Canned Tuna

Baby Food Yogurt Probiotic Supplement Nutritional Supplement

Any Of The Above None Of The Above Other _____

*Please note: If your cat goes longer than 48 hours without eating, he/she will be taken to a veterinarian for treatment at your expense. Initial _____

What type of dish does your cat eat from? Plate Bowl

What is the dish made from? Paper Plastic Ceramic Stainless

What brand of cat litter are you currently using? _____

What type of litter is it? Clumping (Scoopable) Non Clumping (Non Scoopable)

Other _____

Does your cat enjoy being held? Yes No

May your cat have access to toys without supervision? Yes No

Circle Any Behavioral Problems: Chewing Ingestion of Foreign Objects Biting

Spraying Going Outside The Litter Box Scratching (Other Than On A Scratching Post)

Fearfulness Other _____

Has your cat ever bitten anyone? No Yes Explain _____

Does your cat ever go outside? Yes No

If multiple cats in your family, do you wish for them to be housed together? Yes No

*If cats can not be fed together for any reason, separate suites must be booked or special arrangements must be approved in advance. Initial_____

Anything else that would be helpful for us to know?

Would you like us to provide bedding for your cat? Yes No

I understand that I am responsible for the cost of replacing the bed, blanket, and/or pillow if my cat damages it. Initial_____

I understand that it is Ruffin' Around's policy to remove all collars from their overnight guests during their stay. If I choose to use a flea collar on my pet, it is at my own risk. I release Ruffin' Around from any liability or damages that may arise from my decision. If I choose to discontinue use of the collar for safety reasons, I am responsible for utilizing another form of flea prevention on my pet during their stay at Ruffin' Around. Initial_____

I understand a deposit of the lesser amount of \$100 or 50% of the balance due is required to book my reservation. This deposit will be applied toward the balance due at the end of my pet's stay. Upon check in, I agree to pay half (50%) of my estimated bill. Additionally, I acknowledge the balance of my pet's accumulated charges will be due when I pick up my pet. 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 pet is staying at Ruffin' Around. In the event of any injury or illness, you will be notified. I give Ruffin' Around permission to perform first aid and/or CPR on my pet. I also give Ruffin' Around permission to seek medical attention for my pet. I give the veterinarian examining my pet permission to treat him/her. I also agree to assume all financial responsibility for my pet's medical treatment, up to and including \$_____. In addition, I am aware that I am liable for any damages (to people, property, and/or other animals) caused by my pet while at Ruffin' Around Resort & Day Spa.

Signature_____ Date_____