

# Ruffin' Around Resort & Day Spa

7606 National Pike, Uniontown

724-438-RUFF (7833)

## Dog 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 dog food is your dog currently eating?\_\_\_\_\_

Amount For Breakfast\_\_\_\_\_

Amount For Lunch\_\_\_\_\_

Amount For Dinner\_\_\_\_\_

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

If your dog is not eating, please circle which options we may use to entice him/her to eat:

Another Brand Of Dry Dog Food Canned Dog Food Treats Dry Cat Food  
Canned Cat Food Baby Food Shredded Cheese Green Beans Carrots  
Yogurt Pumpkin Probiotic Supplement Nutritional Supplement Turkey Hotdogs  
Any of the Above None of the Above

\*Boiled Chicken & Rice \*Boiled Ground Beef & Rice \*Other\_\_\_\_\_

\*Additional Fee applies for the preparation of starred options.

In order for us to plan the best vacation possible for your dog, please indicate which of the following best describes your dog: Shy/Fearful Quiet/Reserved Attention Loving Lap Dog Explorer Toy Lover Treat Aficionado Energizer Bunny

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

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\_\_\_\_\_

Has your dog ever bitten anyone? No Yes Explain\_\_\_\_\_

Has your dog ever bitten another dog? No Yes Explain\_\_\_\_\_

May your dog have unsupervised access to toys?    Yes        No

Anything else that would be helpful for us to know? \_\_\_\_\_

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

I understand that I am responsible for the cost of replacing the cot, blanket, and/or pillow if my dog chews it. Initial \_\_\_\_\_

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

Can all of the dogs in your family be fed together without the risk of aggression?    Yes        No

Explain \_\_\_\_\_

\* If your dogs need to be supervised or separated for meals for any reason, and you select accommodations other than an adjoining family suite, you may incur an additional charge per feeding.

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 \_\_\_\_\_

