

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 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 _____

