

Ruffin' Around Resort & Day Spa

Training 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? _____

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 Any Dietary Restrictions/Allergies _____

Why are you seeking training for your pet? Obedience Training Behavioral Issues Socialization
Other _____

What type of exercise does your pet receive on a regular basis? _____

Duration and frequency of exercise? _____

Has your pet been socialized with: New People Other Animals Neither

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

List desired results from training session(s) _____

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. I am aware that I am liable for any damages (to people, property, and/or other animals) caused by my dog while in training.

Signature _____ Date _____