

Ruff House Pet Resort

Registration Form

CLIENT INFORMATION			
Name(s):		Date:	
Address:			
City:		State:	Zip
Cell Phone:		Other Phone (home or work):	
Email Address: (reservation confirmations are emailed)			
Were you referred by anyone? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name:	
How did you hear about us? Please be specific			
EMERGENCY CONTACT			
Name: (other than spouse)		Relationship:	
Cell Phone:	Work:	Home:	
Who, besides yourself, is authorized to pick up your dog(s)?			
Name:		Phone:	
DOG #1 INFORMATION			
Name:		Age:	Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Breed:		Male <input type="checkbox"/>	Neutered <input type="checkbox"/>
Colors/Markings:		Birthday:	
Where and when did you get your dog?			
Does your pet take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please explain:	
Has your pet had any injuries or surgeries?			
DOG #2 INFORMATION			
Name:		Age:	Female <input type="checkbox"/> Spayed <input type="checkbox"/>
Breed:		Male <input type="checkbox"/>	Neutered <input type="checkbox"/>
Colors/Markings:		Birthday:	
Where and when did you get your dog?			
Does your dog take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please explain:	
Has your dog had any injuries or surgeries?			
Can your dogs sleep together (if in a suite) while boarding?			

MEDICAL INFORMATION

Veterinary Hospital:

Phone:

Address:

City/State:

Does your dog have any medical conditions i.e. Seizures?

Specifics:

ADDITIONAL INFORMATION

Has your dog(s) ever been at a kennel, pet resort, or dog day care?

Yes No

Please share your experience:

Does your dog get along with other animals in your home?

Yes No

Please explain:

Does your dog act aggressive or protective over food or toys?

Yes No

Please explain:

Has your dog ever growled at a person?

Yes No

Please explain:

Has your dog ever bitten a person or another dog?

Yes No

Please explain:

Is there any type of person your dog fears or dislikes?

Yes No

Please explain:

Has your dog ever jumped over or climbed over a fence?

Yes No

Please explain situation and height of fence:

Are you interested in Dog Obedience Training or Problem Solving Sessions?

Yes No

Which type of Training are you interested in?

Please sign below:

My representations, about my dog, are true, and have not been falsified to gain admittance to Ruff House Pet Resort. I will review and sign the Customer Agreement which further details Requirements and Restrictions for all registered dogs at Ruff House Pet Resort.

NAME (Print): _____ DATE: _____

Signature: _____