

RUFFING IT DOGGIE DAY CARE & OVERNIGHT CENTER  
1521 DEMERS AVENUE  
GRAND FORKS, ND 58201  
701-780-0700 EMAIL: ruffingitddc@hotmail.com

**OWNER INFORMATION: FILL OUT ENTIRELY**

Name: \_\_\_\_\_ PH# \_\_\_\_\_  
2nd Name: \_\_\_\_\_ PH# \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone# \_\_\_\_\_  
E-mail address: \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: OTHER THAN YOURSELF, VET OR SPOUSE**

Name: \_\_\_\_\_ PH #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**CAT INFORMATION: FILL OUT ENTIRELY**

1) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
2) Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

**All cats over 6 months must be spayed/neutered.**

**Please attach current vaccination record**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Any known allergies, health concerns or issues: \_\_\_\_\_

As owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

Ruffing It will not be held responsible for lost, damaged or stolen items. Please do not bring items high in value for your pets.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# HOLD HARMLESS AGREEMENT

**\*Ruffing It Doggie Day Care**, its owner, employee(s), representative(s) or any other person(s) affiliated with the company shall hereinafter be referred to as **Ruffing It Doggie Day Care**.

\*I, as a Client of Ruffing It Doggie Day Care, understand that I am solely responsible for any harm that may come to my cat while at Ruffing It. Ruffing It will not be held responsible for injuries/sicknesses that may occur in and out of Ruffing It, including the transporting of animals. Therefore I hereby release Ruffing It and their staff of any liabilities with my cat.

\*I further understand and agree that the staff at Ruffing It has solely relied on my word that my cat is in good health.

\*I further understand that if problems arise with my cat while in Ruffing It care whether medical or other, decisions will be made by Ruffing It staffs sole discretion. I agree that I will assume full financial responsibility for all expenses.

\*Please be aware that it is not uncommon for some cats to have little or no appetite, or an excessive appetite during and after their stay. Some cats may also be very lethargic and/or mild diarrhea. We will monitor your cats intake of water and food as much as possible. If your cat has not consumed any water or food after a full 24 hours, you will be contacted and may have to make arrangements for you cat to be picked up immediately.

\*I also certify that my cat has not had any communicable diseases within the last 30 days and that if my cat develops any communicable diseases he/she will not be allowed to attend Ruffing It for at least 30 days unless a certificate of good health is given by a certified veterinarian. By signing this form, you acknowledge that you have read, understand and accept the terms and conditions set forth by this agreement.

**Client's Signature** \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name** \_\_\_\_\_