

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: _____ Home : _____
2nd Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell: _____ Work: _____
E-mail address: _____

EMERGENCY CONTACT INFORMATION: OTHER THAN YOURSELF, VET OR SPOUSE

Name: _____ Cell Phone: _____
Work/Home Phone: _____ Relationship: _____

PET INFORMATION: FILL OUT ENTIRELY

Name: _____ Breed: _____
DOB: _____ Weight: _____ Color: _____
Sex: Male Female Spayed or Neutered? Yes No
(Dogs over the age of 6 months to be spayed or neutered for daycare)

Please check all that apply to your pet or pets: (If more than one dog use dogs initials)

AGGRESSIONS/POSSESSIVE: Food Toys Strangers Kennel Cats
 Men Women w/small children Small dog Large dog

Explain any checked: _____

Please check any that may apply to your dog:

Stool Eater Chewer Excessive Barker Jumps fences How high? _____
 Picky eater Separation anxiety Frightened by loud noises/thunderstorms
 Been socialized with 6 or more dogs at a time (other than family dogs)
 Knows basic commands Bitten anyone Behavioral issues/Destructive
 Kennel trained Potty trained Allowed to have treats Humper

Any known allergies, health concerns or issues: _____

Please attach current vaccination record

Veterinarian: _____ Phone: _____

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.

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**.

I, as a Client of Ruffing It, understand that I am solely responsible for any harm that may come to my dog while at Ruffing It. I also understand that, although the dogs are watched carefully and Ruffing It **does not** take aggressive dogs, day care can be hazardous due to dogs playing together. Dog's can get rambunctious at times and Ruffing It will not be held responsible for injuries that may occur in and out of the day care including the transporting of animals. Therefore I hereby release Ruffing It and their staff of any liabilities with my dog.

I further understand and agree that the staff at Ruffing It has solely relied on my word that my dog is in good health and has not harmed or shown aggressive behavior towards any animal or person.

I also understand that if problems arise with my dog while in Ruffing It's care whether medical or other, decisions will be made by Ruffing It's staff's sole discretion. I agree that I will assume full financial responsibility for all expenses.

I certify that my dog has not had any communicable diseases within the last 30 days and also understand that if my dog 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.

Please be aware that it is not uncommon for some dogs to have little or no appetite, or an excessive appetite during and after their stay. Some dogs may also be very lethargic and/or mild diarrhea.

By signing this form, you acknowledge that you have read, understand and accept the terms and conditions set forth by this agreement.

Your Signature _____

DATE: ____/____/____