



RuffDayBarkClub.com

Ruff Day Bark Club Registration Form

Services Interested In: (please check all that apply.)

- Customized Dog Daycare: _____
- Staycation Boarding Suites: _____
- Puppy Training and Dog Obedience: _____
- Self-Wash Stations: _____
- Membership including Private Dog Park and Special Events: _____

Pet Parent Information #1

Phone: _____ Email: _____

Address: _____ City: _____
Zip: _____

Pet Parent #2 : _____

Phone: _____ . Email: _____

Please check if you DO NOT wish to receive a A Ruff Day Bark Club's updates and special offers
via : ____ Email. ____ . Text ____

Number of Dogs that you are enrolling at A Ruff Day Bark Club : _____

If more than one dog, please complete an additional dog registration form for each dog.

- Please note that all dogs over the age of 7 months old, or those exhibiting early onset of adolescence, must be spayed or neutered.

How did you hear about A Ruff Day Bark Club?

Veterinarian: _____ Phone Number: _____. Attending Doctor: _____

Emergency Contact Information:

Name: _____ Phone: _____

About your Pup:

Pup's Name: _____ Breed Description: _____ Spayed / Neutered? ___ Yes ___ No

Color: _____ Approximate Weight: _____ Birthdate or "Gotcha" date: _____. Age: _____. Gender: _____ Female _____ Male

Where did you get your pup from? _____ Breeder. _____ Rescue / Shelter _____. Date gotten from Rescue / Shelter _____. Rehomed _____. Date Rehomed: _____. Found _____. Date Found _____

Please describe any known history: _____

Have you had your pup in dog daycare / boarding before? _____. Yes _____ No

If so, what have you liked the least / most about the daycare / boarding provider? _____

Liked the most: _____

Liked the least: _____

When are you planning on starting daycare / enrichment? _____

Can you commit to two days a month of daycare / enrichment? _____. Which two days are preferable to you, if known? _____

How many days a week are you planning on attending daycare / enrichment?
_____ . Do you have preferable days of the week?

If boarding, what are the dates that you are interested in? -

What is most important to you in a facility that takes care of your pup?

Please list the three most important things to you in your pup's care

Health Information:

Please list vaccinations that are up to date: _____ Rabies _____ Bordetella
_____ DHPP

Please submit a current vaccination record to info@ruffdaybarkclub.com. If not available, please check here and we will contact your veterinarian _____

Please let us know of any health concerns related to your pup:

_____ . Gastritis / Bloat

_____ . Seizures

_____ . Heartworms

_____ . Fleas / Ticks

_____ . Seperation Anxiety

_____ . Heart

_____ . Ear Infections

_____. Eye Infections

_____. Canine Cough

_____. Tapeworms

Any other medical conditions we need to know:

Do you currently have your pup on preventative health maintenance? Please check all that apply: _____ current flea/ tick _____ Current heartworm _____.

Does your pup have any allergies that we need to know about?

Personality and Behavior Information

Please tell us a little bit about your pup:

How would you describe your pup's energy level:

Has / Is your dog stayed in a crate?

Crate Trained _____ . Does not like to be in a crate _____ .
Escapes from a Crate _____

Please explain: _____

Does your pup climb or jump over fences?

Please explain: _____

Eat stool or foreign objects: _____

Please explain: _____

Do you take your dog to dog parks or other off-leash environments?

Does your pup:

Bark excessively : _____

Like to be chased: _____

Play Tug of War : _____

Go on walks: _____

Swim: _____

Is shy / Nervous around other dogs; _____

Plays rough : _____

Shares toys with other dogs: _____

Does your dog play well with dogs of all other sizes and breeds? _____. If not, who does your pup play well with? _____

Is your dog afraid of loud noises? Lightening / Fireworks / etc.

Has your pup ever nipped at or bitten another dog?: _____. Please explain: _____

Has your pup ever been dismissed from a daycare or boarding facility:

Please list any commands that your dog knows:

DIET

What brand of food does your pup eat? _____

Amount: _____

How often: _____

Can you dog be given treats? _____

Does your dog eat easily _____. Or is an anxious eater: _____

Please let us know anything else important that we should know while your dog is with us:

EVALUATION WAIVER

I _____ swear that my pup (pups) is/are in good health and have not been exhibiting any signs of being ill within the last 30 days including any communicable diseases or parasites. My pup / pups have not harmed or shown aggressive / threatening behavior towards any dog or person.

I understand and have read the following:

1. The possibility exists of transfer of communicable illness or parasites such as, but not limited to, upper respiratory infections such as “canine cough”, canine papilloma virus, or canine influenza.
2. Injuries are possible, which are typically benign, such as abrasions, wounds, broken nails, cuts, and sore pads.
3. I authorize the use of a crate, or equipment on my dog (dogs) in the event necessary including dog evaluation, or any other services provided at A Ruff Day Bark Club, LLC.

Release: A Ruff Day Bark Club and their employees will not be liable for any health or behavioral problems that develop in my dog (dogs). I hold harmless, indemnify and release A Ruff Day Bark Club, LLC and its employees from any liability of any kind whatsoever that arises from my dog (dogs) attending and participating in any of the services provided at A Ruff Day Bark Club, LLC. I am solely responsible for property, equipment, and property at A Ruff Day Bark Club, LLC which my dog (dogs) damage. I am solely responsible for any harm that my dog (Dogs) cause to any employee, guest at A Ruff Day Bark Club.

***Once completed, please email to info@ruffdaybarkclub.com or give to a staff member in person.
Thank you!***