

Ruff  
House



Boarding, Grooming  
& Doggie Daycare

## Daycare Contract

12995 New Providence Road, Alpharetta, GA 30004

Phone: 770.619.4282 • Fax: 770.619.9525 • E-mail: info@ruffhouseinc.com

**This is a contract between Ruff House, Inc. and the Pet Owner, or his agent.**

All dogs are handled or cared for, by Daycare/Kennel staff without liability on Daycare/Kennel's part for loss or damage from disease, theft, fire, death, escape, injury or harm to persons, other dogs or property by said dog(s), or for other unavoidable causes, due diligence and care having been exercised.

If the pet(s) become ill, or if the state of the animal's health otherwise requires professional attention, Daycare, in its sole discretion, may engage the services of a veterinarian of its choosing, or administer medicine, or give other requisite attention to the animal, and the expenses thereof shall be paid by Owner or his agent.

No daycare animal will be released until all charges are paid in full, by cash or check only. Owner, or his agent, shall remain liable for complete bill, as well as all other charges incurred in the care and maintenance of said animal as listed below.

Owner, or his agent, agrees to pay for reasonable attorney's fees incurred by this facility in the collection of any boarding, grooming, daycare, or other charges incurred by the owner of the animal.

**It is understood by Daycare and Owner, or his agent, that all provisions of this Contract shall be binding upon both parties thereunto for this visit and for all subsequent visits.**

\_\_\_\_\_  
Owner or agent of pet

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kennel representative

\_\_\_\_\_  
Date

Date: \_\_\_\_\_  New Customer/New Pet  Existing Customer/New Pet  Existing Customer/Update

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## Customer Information Form

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### Owner Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone 1 \_\_\_\_\_ Work Phone 2 \_\_\_\_\_

Cell Phone 1 \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

Emergency Contact *(someone not traveling with you)* \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address *(we do not share email addresses)* \_\_\_\_\_

How did you hear about Ruff House? \_\_\_\_\_

### Pet Information

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Sex:  M  F Neutered/Spayed:  Yes  No

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

Vaccinations  Check here if vet records are attached. *(If records are attached, no need to provide dates below.)*

Date of last vaccination:

Rabies \_\_\_\_\_ Bordatella \_\_\_\_\_ Corona \_\_\_\_\_

Distemper \_\_\_\_\_ Parvo-virus \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Please list any Medical Conditions \_\_\_\_\_

Medications:  No  Yes *(please list below)*

Medication \_\_\_\_\_  Morning  Afternoon  Evening Quantity \_\_\_\_\_

Medication \_\_\_\_\_  Morning  Afternoon  Evening Quantity \_\_\_\_\_

Feedings:  Ruff House Food  Client-Provided Food

Morning Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

Afternoon Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

Evening Quantity \_\_\_\_\_ Special Instructions \_\_\_\_\_

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**Pet Information** *(continued)*

**Behavior Questions**

Please indicate any person, type of dog or situation your dog seems to have a problem with: \_\_\_\_\_

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Has your dog ever growled at or bit another person or dog?  Yes  No

If yes, what were the circumstances: \_\_\_\_\_

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Will your dog readily share toys with other dogs?  Yes  No

Has your dog ever jumped a fence or barrier?  Yes  No

If yes, please describe: \_\_\_\_\_

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Has your dog ever socialized with a large group of dogs? (8 or more)  Yes  No

Please describe: \_\_\_\_\_

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Any restrictions that should be placed on your dog's activities?  Yes  No

If yes, please explain: \_\_\_\_\_

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Please share anything else we should know about your dog: \_\_\_\_\_

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