

About Your Dog-

Name _____ Breed _____

DOB or Age _____ Male Female (circle one) Color _____

Spayed or Neutered? Yes No (circle one) Weight _____

What type of flea and tick prevention is your dog on? _____

Is your dog currently on any medications? Yes No (circle one)

If yes, please list and give dosage with directions-PLEASE BE AS CLEAR AS POSSIBLE

HEALTH

Does your pet suffer from any of the following....

- Allergies-such as contact, environment or food allergies? _____

- Heart Murmur or any other Circulatory Conditions? _____

- Arthritis, Hip/Elbow Dysplasia or any other Bone Related Condition? _____

- Separation Anxiety? If so, what does he/she do when alone? _____

- Constipation, loose stool, poop eating or severe gas? _____

- Dry skin, cracked foot pads, flaky/cracking nails? _____

- Eye problems: Cataracts, growths, dryness, cherry eye or repeat infections?

- Repeat Bladder or Urinary Tract Infections? _____

- Anything else not listed here? Please explain: _____

Play Time/Interaction with Other Dogs-

Does your dog play well with other dogs? Yes No (circle one)

Would you like your dog to have interaction with other dogs in our play room?

Yes No (circle one)

Can your dog play in our sprinkler or any water feature we may have weather permitting?

Yes No (circle one)

****All play time and interaction with other dogs will be supervised by our staff at all times. Please also be aware that playtime and interaction is NOT GUARANTEED.****

Please list any additional information you would like us to be aware of before your dog's stay:



VETERINARY RELEASE FORM

Owner's Name(s): _____

Pet(s) Name(s): _____

Owner's Address: _____

Owner's Phone Number: _____

Veterinary Clinic Name: _____

Dr. Name (if known): _____

I authorize any and all medical information especially vaccine info for the pet(s) listed above to be given to Ruff Luxury Inn.

Owner's Name

Date