

About Your Dog (ONLY one form per 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? _____

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?
- Cushing's, Addison's Disease, Epilepsy or Diabetes?
- 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 footpads, flaky/cracking nails?
- Eye problems such as cataracts, growths, dryness, cherry eye or repeat infections?
- Ear problems such as repeat infections, build up or frequent head shaking?
- Repeat bladder or urinary tract infections?
- Recent surgeries, including a spay or neuter?
- Anything else not listed here? Please add additional info.

Feeding

What time does your pet usually eat? How much? What brand of food? Is there a specific time we MUST feed due to Medications?

We take up all food and water bowls at night unless specifically instructed not to. Please check the following:

Please leave water overnight

Please take up water at night

Please leave food overnight

Please take up food at night

****You are welcome to bring pre-packaged food for each day you plan to be gone, keeping in mind to pack extra in case you do not return the day you had planned for. If food is not provided or your food runs out we will provide a high quality food at an extra cost of \$5/day.**

****Sometimes dogs will not eat when they become nervous or anxious. Please check the following enticing items we would be able to give your dog in the case they aren't eating.**

Warm Water

Parmesan Cheese

Chicken Broth

Medication

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!

Other Important Information

Has your pet been trained with potty pads? If yes, you will need to supply your own and provide enough to accommodate the period of time you are gone _____

If your female is in heat or may go into heat during her stay, please provide doggy diapers for while she is here.

Does your dog have storm anxiety? If yes, what should we do in the event of a storm while your dog is with us? _____

Can your dog go outside? _____

Is your dog a chewer? Yes No (circle one)

Play Time/Interaction with Other Dogs

Does your pet have any aggressive tendencies? If yes, please explain:

Has your pet ever bitten anyone or another pet? If yes, please explain:

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 playroom?

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 for Vaccines, Health Records, Consent to Treatment

Owner's Name(s): _____

Pet's Name(s): _____

Owner's Address: _____

Owner's Phone Number: _____

I authorize any and all medical information and consent to treatment in the case of emergency for the pet(s) listed above to Ruff Luxury Inn At The Dunes.

Owner's Signature _____ Date _____

In the unfortunate event that your dog(s) may become ill or injured after normal veterinary hours, we will try contacting you prior to any decision made to get direction of what means you would like us to follow. If we cannot get a hold of you, we will take your dog to North Central Vet Clinic in Westville, IN. While we are there, the staff will immediately want to know the problem and if extreme measures should be taken if your dog stops breathing. Would you like extreme measures to be taken (i.e. any surgeries necessary or CPR)?

YES

NO