



# RUFFHOUSE

## Enrollment Form

### Pet Parent One

Name:	
Address	
City, State, Zip:	
Home Phone	Cell Phone:
E-Mail:	
Referral Source	

### Pet Parent Two

Name:	
Address	
City, State, Zip:	
Home Phone	Cell Phone:
E-Mail:	

### Emergency Contact

Name:	
Address	
City, State, Zip:	
Home Phone	Cell Phone:
E-Mail:	

### Veterinarian Information

Hospital/Clinic:
Veterinarian Name:
City & State:

## Pet One Profile

Name:	Nickname:
Breed:	Color:
Birth Date:	Weight:
Male/Female:	Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Food Type: <input type="checkbox"/> Kibble <input type="checkbox"/> Raw <input type="checkbox"/> Canned <input type="checkbox"/> Other	Food Brand:
<p>Are there special needs, allergies, medical information, behavioral challenges or information about your pet that you feel might be helpful to ensure that your pet's experience at The Ruff House is the best possible?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

## Pet Two Profile

Name:	Nickname:
Breed:	Color:
Birth Date:	Weight:
Male/Female:	Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Food Type: <input type="checkbox"/> Kibble <input type="checkbox"/> Raw <input type="checkbox"/> Canned <input type="checkbox"/> Other	Food Brand:
<p>Are there special needs, allergies, medical information, behavioral challenges or information about your pet that you feel might be helpful to ensure that your pet's experience at The Ruff House is the best possible?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

**THE RUFF HOUSE**

**AGREEMENT AND CLIENT RELEASE**

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I am contracting Ruff Resorts, Inc. (a.k.a. "The Ruff House") to provide ongoing services for my pet(s). This agreement remains in force indefinitely or until replaced by a more current one.

I certify that I have read, understand and hereby accept on my own behalf, and on behalf of my agents, representatives, relatives, successors, and assigns to be bound by the Terms and Conditions of this agreement, specifically including those set forth in "The Ruff House Terms and Conditions" and "The Ruff House Rules and Policies".

I, the undersigned, understand that, despite the best efforts of Ruff Resorts, Inc. to maintain the safety of every dog and human at The Ruff House facilities, there are certain risks involved in dog daycare, overnight care and grooming services. These risks include but are not limited to my dog contracting fleas, kennel cough or some other communicable illness. I voluntarily accept these risks, and release The Ruff House and its employees, independent contractors, owners and assigns from any and all claims arising out of injury or damage in any way related to or resulting from my association with The Ruff House including but not limited to claims of injuries to my dog, myself or anyone I send to pick up or drop off my dog, or to any property that belongs to me. I understand and agree that dogs can be unpredictable and that if my dog becomes injured while at The Ruff House I will be responsible for my dog's veterinary bills and any other costs incurred due to the injury. I understand and agree that this release applies to future unknown or unsuspected claims.

I represent that my dog is currently, and each time my pet attends The Ruff House, in good health and has not had any communicable illness of any kind for two weeks prior to attending The Ruff House. I will wait ten days before bringing my dog to The Ruff House after any dog kennel overnight, daycare, or grooming visit other than at The Ruff House.

I grant The Ruff House and/or its agent's full power of decision concerning the care and wellbeing of my pet(s). Should any medical emergency arise, it is agreed that The Ruff House and/or its agents can and will make any needed decision concerning transportation, medical treatment and choice of care giver and I will be responsible for reimbursing all such costs to The Ruff House.

I have read and understand The Ruff House's cancellation policy, including the holiday and peak time policy.

I have read and understand The Ruff House's vaccination policy and have been made aware of the four day waiting period for services after a vaccination has been administered.

I represent that my dog does not have a history of aggressive behavior towards other dogs or humans.

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release and make decisions on behalf of my pet.

PAYMENT DETAILS		
Name on Card:		CC#:
Expires:	CVC Code:	Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_