

Client Registration & Pet Intake Form

Ruff Resort & Spa

9522 Camp Bowie West Blvd
9727957530 | ruffresortandspa@gmail.com



Client Information

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Emergency Contact or Second Owner: _____ Phone: _____

Are any other people allowed to pick up your pet(s)? _____

How did you find out about us? _____

Pet Information

Name: _____ Breed: _____ Sex: _____ Fixed(Y/N): _____

Veterinary Office: _____ Phone: _____

Microchip Number: _____ Weight: _____ Color: _____ DOB (If Known): _____

Does your pet have an insurance policy? If so, please detail: _____

Feeding & medication instructions: _____

Does your pet have any food allergies? If so, please detail: _____

Food aggression issues? If so, please detail: _____

Aggression issues with other animals? If so, please detail: _____

Behavior or temperament issues? If so, please detail: _____

Does your pet try to escape from enclosed areas? If so, please detail: _____

Anything else you'd like us to know? _____

Required Vaccines (Please Attach Copy or Email to ruffresortandspa@gmail.com)

Rabies | Expiration Date: ____-____-____

Distemper | Expiration Date: ____-____-____

Bordetella | Expiration Date: ____-____-____

Additional Pet Information

Name: _____ Breed: _____ Sex: _____ Fixed(Y/N): _____

Veterinary Office: _____ Phone: _____

Microchip Number: _____ Weight: _____ Color: _____ DOB (If Known): _____

Does your pet have an insurance policy? If so, please detail: _____

Feeding & medication instructions: _____

Does your pet have any food allergies? If so, please detail: _____

Food aggression issues? If so, please detail: _____

Aggression issues with other animals? If so, please detail: _____

Behavior or temperament issues? If so, please detail: _____

Does your pet try to escape from enclosed areas? If so, please detail: _____

Anything else you'd like us to know? _____

Required Vaccines (Please Attach Copy or Email to ruffresortandspa@gmail.com)

Rabies | Expiration Date: ____ - ____ - ____

Distemper | Expiration Date: ____ - ____ - ____

Bordetella | Expiration Date: ____ - ____ - ____

Medical Release Form

This is a required form for all Ruff Resort & Spa participants.

The safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and we take it very seriously. In the event that a medical emergency arises while a pet is at our facility, it is imperative that we are immediately able to seek medical treatment at the closest available veterinary office. In the event that this happens to your pet(s), we will call ahead to the vet's office to ensure they can treat the situation. The pet will be taken to the closest facility available, even if it is not their primary veterinarian's office. The owner of the pet will be notified as to where the pet is being taken. The owner of the pet will be financially responsible for any and all medical treatment that is provided.

I understand that in the event of a medical emergency that Ruff Resort & Spa, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Ruff Resort & Spa to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receive as a result of a medical emergency while attending Ruff Resort & Spa.

Owner Name _____

Pet(s) Name _____

Owner Signature _____ Date _____

Witness Signature _____ Date _____

Pet Care Agreement

1. HEALTH: I understand that Ruff Resort & Spa has relied upon my representation that the named dog(s) behavior is as described and is in good health. I am not enrolling any dog that has any condition that could jeopardize the health of the other dogs or people in the facility. The named dog(s) have not had any potentially communicable condition within 30 days prior to enrollment.
2. RELEASE OF LIABILITY: I represent that I am the legal owner of the named dog(s) and that I assume all risk, dangers, and responsibility for injuries to the named dog(s). I understand that the manager, staff, and partners of Ruff Resort & Spa will not be liable, financially or otherwise, for injuries to my dog, me, or any property of mine while my dog is participating in services provided by Ruff Resort & Spa. I release Ruff Resort & Spa of any liability arising from my dog's participation in Ruff Resort & Spa's services.
3. BEHAVIOR: I understand and agree that any issues with my dog (behavioral, medical, or otherwise) will be treated as deemed best by staff of Ruff Resort & Spa in their sole discretion and in what they view as in the best interest of the animal. I understand that I assume full financial responsibility and liability for any and all expenses involved regarding the behavior and health of my dog.
4. GROUP PLAY: I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Ruff Resort & Spa and while in their care. I understand that while the socialization and play is closely and carefully monitored by Ruff Resort & Spa staff, it is possible that during the course of normal play, my dog may receive minor nicks, scratches, or illness. Any areas of concern will be pointed out by staff at pick up.
5. PHOTO/VIDEO RELEASE: I understand that by allowing my dog to participate in services offered by Ruff Resort & Spa, I agree to allow Ruff Resort & Spa to take photographs or use images of my pet for publication and/or promotion at any time.
6. RELEASE OF FINANCIAL LIABILITY: I understand that I am solely responsible, financially and otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by Ruff Resort & Spa.
7. RIGHT OF REFUSAL: Ruff Resort & Spa reserves the right to permanently remove any dog at any time and refuse admittance to any dog which do not meet the health and temperament requirements.
8. PAYMENTS: I understand that payment is due at pickup and can be paid with credit card or cash. Ruff Resort & Spa does not accept checks.
9. ABANDONMENT: I understand that if my dog is not picked up on the agreed upon day/time, I authorize Ruff Resort & Spa to take whatever action is deemed necessary for the continued care of my dog. I understand Ruff Resort & Spa's operating hours and understand I must pick up the named dog(s) within those hours. I will pay Ruff Resort & Spa the cost of any such continued care upon demand by Ruff Resort & Spa including but not limited to boarding costs and food cost. I understand that if I do not pick up my animal within one week of the agreed upon day/time without contacting the staff, Ruff Resort & Spa will proceed according to guidelines provided by Texas Penal Code 42.09. I acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.

Owner Name _____

Pet(s) Name _____

Owner Signature _____ Date _____

Witness Signature _____ Date _____