



**(615) 928-8866**

Old Hickory Blvd. next to exit no. 199 of I-40 West.

Please take a few moments to complete our application and questionnaire. We request you be as detailed and descriptive as possible, so we can keep your dog(s) happy, healthy and safe while in our care. \*\*A friendly reminder that all dogs must be at least 4 months of age, spayed/neutered if over 7 months of age, up to date with their Rabies, Distemper/Parvo and Bordetella vaccinations and are required to pass a full-day trial day prior to any regular daycare or boarding visit.

Tell us about you (the owner):

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

Additional Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Additional Owner Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact (We attempted to contact you first! Please do NOT list an additional owner):

Contact's Name: \_\_\_\_\_

Contact's Relationship (friend, relative, etc): \_\_\_\_\_

Contact's Phone: \_\_\_\_\_

How did you find us? \_\_\_\_\_

Tell us about your pet:

Dog's Name: \_\_\_\_\_ Dog's Breed: \_\_\_\_\_

Coat color: \_\_\_\_\_

Please list any identifying markings (spots of color, scars, etc): \_\_\_\_\_

Gender: \_\_\_\_\_

Is your pet spayed/Neutered? ( ) yes ( ) no If no, when is surgery scheduled? \_\_\_\_\_

Weight: \_\_\_\_\_ Birth Date/Adoption Date: \_\_\_\_\_

Please list any additional people approved to pick up your dog (if any): \_\_\_\_\_

\_\_\_\_\_

**Pet's Behavior and Training Information:**

Has your pet completed any formal training programs?  Yes  No. If yes, where? \_\_\_\_\_  
if no, do you plan to enroll or are you open to enrolling in training programs?  Yes  No

Please mark any tools you currently use when walking/training/managing your pup:

clicker  front clipping harness  prong/pinch/choke collar  back clipping harness  head harness  citronella collar (  
 shock collar  vibration collar  retractable leash  nylon/leather leash  martingale collar

\*\* The Ruff Dog Family believes in creating a force-free and positive environment for every guest. Our facility does not support the use of tools that cause pain, fear, or intimidation.

Is your pup house trained?  Yes  No  Working on it  Don't plan on it

Is your pup crate trained?  Yes  No  Working on it  Don't plan on it

Please list any cues/tricks/behaviors your pet responds to and can earn treats for: \_\_\_\_\_

Please check the boxes that best describe your pet's personality when around other dogs (check all that apply):  Laid back  Playful  Excitable  Shy  Reactive  Aggressive  Anxious  Unsure  Uninterested  Exuberant  Unpredictable  Vocal  other, please specify \_\_\_\_\_

Is your pup fearful, shy or aggressive toward people (men/woman)?: \_\_\_\_\_

Does your pup have any fears or phobias we should know about (thunder, hats, bigger/smaller dogs, etc)?:

Has your pup ever bitten another animal?  Yes  No. If yes, please describe the incident: \_\_\_\_\_

Has your pup ever bitten another person?  Yes  No. If yes, please describe the incident: \_\_\_\_\_

How frequently does your dog socialize with others outside of your home? \_\_\_\_\_

Where does your pup socialize (dog parks/daycare/walks/friends/etc): \_\_\_\_\_

What are some of your pet's favorite activities/ games? \_\_\_\_\_

Has your pet ever had an incident with another dog (as the aggressor/victim)?  Yes  No. If yes, please describe the incident: \_\_\_\_\_

Has your pet gone to another daycare/boarding facility before?  Yes  No. If yes, why are you seeking a new pet care provider?: \_\_\_\_\_

Why would you like your dog to attend Ruff Dog (select all that apply):  socialization  energy release  long work hours  frequently out of town  occasionally out of town  holiday boarding  regular daycare (1+ day per week)  occasional daycare  other: Please specify: \_\_\_\_\_

If you plan on using daycare with us, how many days per week would you like your pup to attend? \_\_\_\_\_

Does your pet share toys with other dogs/people?  Yes  No  Unsure

Are there any unfavorable habits we should know about (excitable barking/ digging/ jumping/ fence climbing/ mounting/ poop eating, etc)? \_\_\_\_\_

Does your pet typically suffer from any separation anxiety when left alone? ( ) Yes ( ) No. If yes, please describe: \_\_\_\_\_

Does your pet have a history of chewing/shredding/destroying linens/items left alone with them? ( ) Yes ( ) No. If yes, please describe: \_\_\_\_\_

What brand of food does your pup eat? \_\_\_\_\_

How much do they get fed daily (please specify measurement):

Morning: \_\_\_\_\_

Lunch: \_\_\_\_\_

Evening: \_\_\_\_\_

Does your pup receive any medications/supplements throughout the day (please list): \_\_\_\_\_

Veterinarian's Hospital/Clinic Name: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Ruff Dog requires all dogs to be on a flea and tick program year round. Is your pet currently on a flea/tick program? ( ) Yes ( ) No. Please provide the brand name: \_\_\_\_\_

Does your pet have any known allergies? ( ) Yes ( ) No. If yes, please describe: \_\_\_\_\_

Has your pet had any illnesses in the past 30 days? ( ) Yes ( ) No. If yes, please describe: \_\_\_\_\_

Does your pet have any special dietary requirements? ( ) Yes ( ) No. If yes, please describe: \_\_\_\_\_

Does your pet have any physical limitations that might interfere with all day play (arthritis, ACL injuries, etc)? ( ) Yes ( ) No. If yes, please describe: \_\_\_\_\_

Please provide any additional information you think would be helpful in regards to keeping your pup healthy, happy and safe with us: \_\_\_\_\_

I Agree and understand that in admitting my dog to Ruff Dog Daycare & Boarding that my dog is in good health, is current on all vaccinations and flea/tick control and has not harmed or shown aggression or threatening behavior towards another dog and/or human. I understand that in any off-leash, social environment that there is an inherent risk of injury or illness from rough play and/or fights. Understanding this, I accept full responsibility and hold Ruff Dog Daycare & Boarding, harmless for any pet injury, death or damage. I agree that I am solely responsible for any harm caused by my dog while my dog is in the care of Ruff Dog Daycare & Boarding. I agree not to hold Ruff Dog Daycare & Boarding and their associates liable for any injuries to my dog while in their care. I understand if my dog shows repeated aggressive or unhealthy behavior that the dog may be referred out from Ruff Dog Daycare & Boarding. By signing this form, I acknowledge that I understand and accept the terms and conditions set forth by this agreement and that the above information regarding your dog is truthful:

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