



Date: _____

Application Form

Proof of Vaccinations required: Rabies, DHLPP and Bordatella

About You:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

Emergency Contact: Name & Tel. #: _____

About Your Pooch:

Name (Pooch 1): _____

Sex: _____ Age: _____ Birth date: _____

Breed: _____ Weight: _____ Color: _____

At what age was your dog spayed/neutered? _____

About Your Pooch:

Name (Pooch 2): _____

Sex: _____ Age: _____ Birth date: _____

Breed: _____ Weight: _____ Color: _____

At what age was your dog spayed/neutered? _____

Has your dog been socialized? _____

Is your dog on Flea & Tick Control/Heartworm? _____

Can you take food away from your dog? _____

Is there anything else we should know about your dog? _____

What services do you seek?

Daycare _____ Boarding _____ Grooming _____ Training _____

How did you hear about Rover Ranch and Spa? _____

WAIVER OF RISKS AND ACKNOWLEDGEMENT OF RISKS-Please Initial

- _____ Dogs not familiar with Rover Ranch and Spa or our boarding services may experience some separation anxiety when apart from their human companions.
- _____ Dramatic changes in food and/or food quality may cause stomach upset, diarrhea, and/or colitis.
- _____ Dogs not regularly exposed to the level of activity at Rover Ranch and Spa may feel discomfort or sore muscles, joints or fatigue.
- _____ Dogs at play during the regular daycare day do get dirty, dogs will be dogs. Baths can be requested and scheduled for an additional fee.
- _____ Excessively long nails may cause injury, please request a nail trim if necessary.
- _____ Any behavior by your dog(s) that Rover Ranch and Spa deems dangerous, not safe, or inappropriate may result in RRS dismissing your dog(s) from its facility.
- _____ Keep in mind that similar to childcare, dogs can come home with minor scrapes and scratches.
- _____ Rover Ranch is not responsible for personal items left with us although we encourage you to bring your dogs food and toys. Label all items and we will make every effort to return your belongings to you.
- _____ Despite being vaccinated, certain strains of kennel cough and canine flu can be resistant. Please take your dog immediately to the vet if they exhibit any cold or flu symptoms.
- _____ Dogs not regularly socialized do not necessarily know how to behave politely with other dogs. These dogs are at higher risk of incidents such as bites, fights, fear, aggression, object guarding, behavior problems, and/or acting out. Should Rover Ranch determine that your dog injures another dog as result of aggressive behavior than you agree to cover the cost of any vet related bills.

By signing below I indicate that I accept all of the risks that I have previously initialed; that I, for myself and my heirs or assignees, hereby release Rover Ranch and Spa, its owners, agents, officers, subcontractors, employees, animal owners, customers and potential pet owners of Rover Ranch and Spa from any and all liabilities or injuries to myself, my dog or any other property of mine which arise in any way out of services or products provided by or as a consequence of my association with Rover Ranch and Spa; and that I am aware and understand that every dog reacts differently and that animals by nature are unpredictable. Furthermore, I acknowledge that dogs and other animals may, without warning, bite or cause injury to humans or other dogs. I am aware and understand that there are certain risks inherent in dog ownership, training or care, such as dog fights and the transmission of disease to humans or other dogs.

Signature

Date

AUTHORIZATION OF EMERGENCY MEDICAL CARE

I hereby authorize Rover Ranch and Spa to obtain medical records or treatment for my dog(s) in the event of injury or illness that Rover Ranch and Spa deems to be of an emergent or critical nature from the Veterinarian/clinic/hospital of Rover Ranch and Spa's choosing. I understand that if I do not sign the Authorization of Medical Care to Health Care Providers, that Rover Ranch and Spa is not responsible for any harm to my dog if Rover Ranch and Spa is unable to obtain care for my pet as a result.

Signature

Veterinarian

Printed Name

Address

Today's Date

Telephone #

FINANCIAL RESPONSIBILITY

I hereby authorize Rover Ranch and Spa to use and disclose the following credit card information to obtain your authorized medical care for your pet.

Credit Card # _____ Exp. Date _____

Visa _____ MasterCard _____ Amex _____ Signature _____

VETERINARIAN NON-CRITICAL CARE OPTION

_____ By initializing here, I indicate that I authorize and accept responsibility for payment any non-critical care provided to my pet pursuant to this authorization. Rover Ranch and Spa or its selected Veterinarian is to make reasonable efforts to contact me prior to such non-critical care.

AUTHORIZATION OF MEDICAL CARE TO HEALTH CARE PROVIDERS

I, _____, hereby authorize Rover Ranch and Spa to seek and obtain veterinary care for my dog. I direct you, the care provider to attempt to contact me in the manner directed below, but that if I cannot be contacted in the specified way, that you provide care as directed by Rover Ranch and Spa. I understand that any costs of treatment are solely my responsibility. I hereby authorize the use of my credit card information provided by Rover Ranch and Spa for this purpose.

I also authorize any person, including veterinarians or other health care providers, to release whatever information they have regarding my pet to Rover Ranch and Spa or its designated health care provider upon their request.

Signature _____ Dated _____

Client Contact Information: _____

Home # _____ Cell # _____ Work # _____

By signing below, you confirm that you have read and understood the policy document at Rover Ranch and Spa.

All boarding reservations must be pre-paid. We accept reservations months in advance and will gladly issue a refund within 7 days notice of cancellation. Any cancellation requests less than 7 days in advance will receive a full store credit (15 day advance notice for holidays). Daycare and Boarding packages are good for 6 months and are non-refundable. Daycare evaluations are \$20+tax for two hours, otherwise our regular daycare rates apply. Thank you for choosing Rover Ranch and Spa and for respecting our policies.

Signed: _____ Date: _____

Your name _____ Dog's name _____

Rover Ranch and Spa requires the following vaccines:

Please Initial:

Rabies _____

Distemper _____

Bordetella _____

Canine Influenza _____

By initialing the above you acknowledge that you will keep your dog current on the required vaccines and will follow up with your vet when they expire. Rover Ranch will not accept any dog whose vaccines have expired unless you receive a written exemption from your vet due to medical reasons (excluding rabies), titers are accepted! Please sign and date below.

Print Name _____

Signature _____

Date _____

Please take moment to detail any medical history or major event that you feel Rover Ranch needs to be aware of and please list any current medications and what they are for.
