



Member Registration

Registration Date _____ How did you hear about us? _____

Your dog's vaccination records must accompany the application.

About You

Owner Name(s) _____

Street Address _____

City _____ State _____ Zip _____ Email _____

Home Number _____ Cell _____ Work _____

About Your Dog(s)

1. Dog's Name _____ Breed _____ Color/Markings _____

Male Female Neutered/Spayed Yes No Age _____ Birthday _____ Weight _____

Microchip Yes No Type & Date of Last Flea Treatment _____

Type/Brand of Food: _____ Quantity/Times per Day _____

Can your dog have treats? Yes No What are your dog's favorite treats? _____

Does your dog have special needs, allergies or medication? _____

2. Dog's Name _____ Breed _____ Color/Markings _____

Male Female Neutered/Spayed Yes No Age _____ Birthday _____ Weight _____

Microchip Yes No Type & Date of Last Flea Treatment _____

Type/Brand of Food: _____ Quantity/Times per Day _____

Can your dog have treats? Yes No What are your dog's favorite treats? _____

Does your dog have special needs, allergies or medication? _____

About Your Veterinarian

Please attach a copy of your dog's vaccination records to your application.

Veterinarian's Name _____ Phone Number _____

Animal Hospital Name _____ Phone Number _____

Street Address _____ City _____

Emergency Contact Information

In the event you cannot be reached in an emergency, who would you like us to contact?

Name _____ Phone No. _____

Name _____ Phone No. _____

Release Information

There are circumstances where you may not be able to drop off or pick up your dog(s). House of Ruff may release my dog(s) to the following person(s):

Name _____ Home No. _____ Cell No. _____

Name _____ Home No. _____ Cell No. _____

Temperament

Has your dog had any formal training? Yes No If yes, what commands does your dog know?

Come Sit Stay Off Down Leave It Drop It

Other commands: _____

Circle all that describe your dog's behavior:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Playful | <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Toy possessive | <input type="checkbox"/> Food possessive |
| <input type="checkbox"/> Dominant | <input type="checkbox"/> Fearful | <input type="checkbox"/> Timid | <input type="checkbox"/> Collar sensitive |
| <input type="checkbox"/> Growls at strangers | <input type="checkbox"/> Snaps at people | <input type="checkbox"/> Bites People | <input type="checkbox"/> Destroys Furniture |
| <input type="checkbox"/> Destroys Toys | <input type="checkbox"/> Enjoys other dogs | <input type="checkbox"/> Afraid of other dogs | <input type="checkbox"/> Sensitive body parts |
| <input type="checkbox"/> Dog aggressive | <input type="checkbox"/> Bites other animals | <input type="checkbox"/> People aggressive | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Stool eater | <input type="checkbox"/> Escape artist | <input type="checkbox"/> Barks a lot | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Likes to fetch | <input type="checkbox"/> Hyper | <input type="checkbox"/> Chews | <input type="checkbox"/> Relaxed |

Has your dog ever been abused? Yes No Ever been attacked by another dog? Yes No

Has your dog ever had a seizure? Yes No If yes, how often and how long do they last? _____

Any additional behavior information about your dog we should be aware of? _____

Daycare Needs

Reason for enrolling in daycare: _____

Circle the days your dog(s) will attend daycare? Mon Tues Wed Thurs Fri Sat Sun

Anticipated drop-off time _____ Anticipated pickup time _____