



Red Ruff Inn

PET REGISTRATION & AGREEMENT

307-635-RUFF(7833) 1503 Hinkley Dr. Cheyenne, WY 82007

Pet Owner's Name(s): _____

Street Address: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact: _____ Phone _____

Your Email: _____

Persons Authorized to pickup: _____

Veterinarian's Contact: _____

(1) Pet's Name: _____ **DOB:** _____ **Breed:** _____ **Color:** _____

Circle One: Sex: M / F Spayed / Neutered?

How many times a day is food given: _____ Amount: _____ measuring cups

Health issues, Allergies or Medication (If Yes, Please Explain on Page 2)

(2) Pet's Name: _____ **DOB:** _____ **Breed:** _____ **Color:** _____

Circle One: Sex: M / F Spayed / Neutered?

How many times a day is food given: _____ Amount: _____ measuring cups

Health issues, Allergies or Medication (If Yes, Please Explain on Page 2)

(3) Pet's Name: _____ **DOB:** _____ **Breed:** _____ **Color:** _____

Circle One: Sex: M / F Spayed / Neutered?

How many times a day is food given: _____ Amount: _____ measuring cups

Health issues, Allergies or Medication (If Yes, Please Explain on Page 2)

Does Your Pet: Bite: ___ Circumstances? _____ Jump 6ft: ___ Climb 6ft: ___ Dig: ___ Fear of: _____

Display separation anxiety & to what extent: _____

Anything else we should be aware of? If yes, please explain:

How did you hear about us? Please be specific so we can thank the appropriate people.

TV _____ Billboard _____ Online _____ Friend _____ Other _____

Pet Medications / Allergies

Pet Name: _____ Medication & Dosage: _____

How many times per day are they given: _____ What time(s): _____

If medication is in pill form, did you bring something to hide pills in? YES / NO

Agreement

Vaccination Requirements: Bordetella, Rabies, Distemper & Parvo

This is a Contract between Red Ruff Inn LLC ("Facility") and the pet owner whose signature appears below ("Owner").

1. Owner agrees to pay all costs and charges at time of pickup and all veterinary costs for the pet during the period pet is in the Care of Facility. **(Payment in the form of Cash or Check Only)**

2. By using this Contract and leaving pet at Facility, Owner certifies to the accuracy of all information given about said pet.

3. Facility shall exercise reasonable care for the pet delivered by Owner to Facility. OWNER RECOGNIZES AND ACCEPTS POTENTIAL RISKS INVOLVED WITH INTERACTIVE DAYCARE/PLAYCARE.

4. OWNER AGREES TO BE SOLELY RESPONSIBLE FOR ANY AND ALL ACTS OR BEHAVIOR OF SAID PET WHILE IN THE CARE OF FACILITY, AND ASSUME ANY EXPENSE AND LIABILITY FOR INJURY TO ANY HUMAN OR OTHER ANIMALS OR DAMAGE TO FACILITY CAUSED BY THE PET.

5. Owner specifically represents to Facility that, to Owner's knowledge, the pet has not been exposed to any contagious diseases within a thirty-day period prior to check-in. During the period of this Agreement, Owner also agrees to notify Facility of any known exposure of pet to a communicable disease and hold pet out of attending Facility until pet is symptom free for a minimum of seven (7) days or with written veterinary clearance. Owner further agrees to maintain currency of vaccinations as required by Facility policy. Facility may discontinue service at any time.

6. If pet becomes ill or injured, if the state of the animal's health otherwise requires professional attention, Facility, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the Owner. The Owner gives consent to Facility to act on the Owner's behalf in obtaining emergency veterinary care at Owner's expense. Owner indemnifies and holds Facility and its employees harmless for said expenses.

7. Owner authorizes Facility to take photographs of the pet and use such photographs electronically and/or in print.

Prepaid Daycare/Boarding Packages: In addition, I understand and agree that (1) if my pet discontinues using Red Ruff Inn LLC for any reason, I will forfeit the balance of my prepaid visits (if any) and will not, under any circumstances, receive a refund, and (2) prepaid visits are not assignable or transferable.

Cancellation Policy: Boarding reservation cancellations must be made 48 hours prior to the beginning of your boarding stay. Failure to do so will result in a \$45 fee. \$1/minute late fee is also applicable.

Owner's Signature: _____ Date: _____

Owner's Name (please print): _____