



OWNER'S NAME _____

TODAY'S DATE _____

REGISTRATION FORM

OWNER'S INFORMATION

Ruff N Reddy requires that your dog receive a yearly Bordatella Booster shot. If first dose, booster must be at least 2 weeks prior to boarding. All Rabies vaccinations but be current. **Please attach a copy of your pet's immunization records.**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____ WORK _____ CELL _____

EMAIL _____

ALTERNATE PERSON WHO MAY PICK UP OR DROP OFF YOUR PET - INCLUDE THEIR CONTACT PHONE NUMBER.

_____ TEL _____

HOW DID YOU HEAR ABOUT US?

PET INFORMATION

PET #1

BREED _____

NAME _____ AGE & BIRTHDATE _____

WEIGHT _____ COLOR _____

VALID TAG OR LICENSE _____ MALE _____ FEMALE _____

NEUTERED _____ SPAYED _____ MICROCHIP/TATTOO# _____

PET #2

BREED _____

NAME _____ AGE & BIRTHDATE _____

WEIGHT _____ COLOR _____

VALID TAG OR LICENSE _____ MALE _____ FEMALE _____

NEUTERED _____ SPAYED _____ MICROCHIP/TATTOO# _____

PET #3

BREED _____

NAME _____ AGE & BIRTHDATE _____

WEIGHT _____ COLOR _____

VALID TAG OR LICENSE _____ MALE _____ FEMALE _____

NEUTERED _____ SPAYED _____ MICROCHIP/TATTOO# _____

VETERINARIAN'S INFORMATION

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I agree by signing this form that in case of an emergency, I give Ruff N Reddy permission to contact me (the owner), and if I cannot be reached then contact the veterinarian noted above. Ruff N Reddy has permission to follow the instructions given by my veterinarian. In the event my veterinarian cannot be reached, or is located too far from Ruff N Reddy's facility, I give Ruff N Reddy permission to contact a local veterinarian's office and follow their instruction. As the owner, I agree I am responsible for the expenses incurred while my pet is under Ruff N Reddy's care.

SIGN & DATE

_____ Date _____