



## Multiple Pet Information

### Pet Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth/Adoption Date (*circle one*): \_\_\_\_\_ Sex:  Female  Male Spayed/Neutered: **Y/N**

Authorized to pick up:  Owner(s)  Emergency Contact  Other: \_\_\_\_\_

Multiple pet owners, please indicate if you would like your pet to stay in the same or separate kennels: \_\_\_\_\_

Please list your current Vet's information. Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Food Information [please bring in appropriately sized container, labeled]

Feed my pet:  Breakfast (~7:30-8:30AM)  Lunch ~11:30-12:30PM)  Dinner (~4:30-5:30PM)  Free Feed

Amount: \_\_\_\_\_

Please list any food allergies/restrictions/other specific info for feedings: \_\_\_\_\_

\_\_\_\_\_

### Medications/Allergies

Does your pet require any medication to be administered? **Y/N**

If yes, please list medication name(s) and dosing instructions: \_\_\_\_\_

\_\_\_\_\_

*\*Please leave medications in original containers.*

Does your pet have any non-food related allergies we should be aware of? **Y/N**

If yes, please list: \_\_\_\_\_

# Ruff Life

## PET HOTEL

### Getting to Know Your Pet: All Services

Your pet must be free of fleas & ticks. Please list what type of flea & tick preventative you use. **[Required Question]**

Nexgard  Bravecto  Frontline  Other: \_\_\_\_\_

Does your pet have any of the following health problems? **[Required Question]** Y/N

- Seizures
- Heart issues
- Open Sores
- Taking a sedative medication
- Is pregnant or nursing
- Please specify any other health concerns \_\_\_\_\_

May we give your pet treats? Y/N

Would you consider your pet aggressive? **[Required Question]** Y/N

Has your pet ever bitten a person? If yes, please describe the situation: **[Required Question]** Y/N

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Has your pet ever bitten another animal? If yes, please describe the situation: **[Required Question]** Y/N

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**Grooming Services** (only needs to be answered if your pet is getting hair cut/trim services):

We require that your pet has not had any vaccinations in the past 48 hours of your full/maintenance grooming appointment. Please circle 'Y' to agree to these terms. **[Required Question]** Y/N

How were your pet's past grooming experiences? (if any) \_\_\_\_\_

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# Ruff Life

## PET HOTEL

### Additional Questions:

*\*not required but completing these questions will help us get to know your pet to make their stay as comfortable as possible. **Grooming only bookings do not need to complete these questions.***

Does your pet have any medical restrictions on his/her activities? **Y/N** If yes, please describe:

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Is it okay to give your pet a walk during their stay? (Dog's Only, *\*We try to get everyone out when it's nice out*) **Y/N**

How does your pet react to new people? \_\_\_\_\_

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Does your pet like to cuddle/ affection from people? **Y/N** \_\_\_\_\_

Please describe your pet's overall temperament: \_\_\_\_\_

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Has your pet been to other boarding facilities before? **Y/N**

If yes, how was their experience: \_\_\_\_\_

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How long have you had your pet? \_\_\_\_\_

Where did you get him/her? \_\_\_\_\_

Does your pet know commands? **Y/N**

If yes, what ones? \_\_\_\_\_

Is your pet: Housebroken? **Y/N** Crate- trained: **Y/N** Does your pet play with toys? **Y/N**

Is there anything else about your pet you would like to share? Any special things we can do to

keep his/her stay comfortable? \_\_\_\_\_

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