



**Daycare/Boarding Application**

**621 Old hickory Blvd, Nashville TN, 37209**

**Please take a moment**

Please take a few moments to provide us with the following information for the Health, Happiness and Safety of your pet. You must show proof of all current vaccinations. These include Rabies, Distemper (DHLPP), Parvo and Bordetella, Before your pet can play/board at Ruff Daycare/Boarding. Thank you!

**Tell us about you:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (eve) \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact: (We attempted to contact you first)**

Contacts Name: \_\_\_\_\_

Contacts Phone: \_\_\_\_\_

Contacts Relation: \_\_\_\_\_ (ex: friend, neighbor)

Approved Pick-Up List: \_\_\_\_\_

**Tell us about your pet:**

Pet's Name: \_\_\_\_\_ Pet Weight: \_\_\_\_\_

Pet's Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Pet's Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Identifying Markings:(spots of color and their location/scars and their location) \_\_\_\_\_

**Pets Medical History:**

Veterinarian's Hospital/Clinic Name: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Phone: \_\_\_\_\_

Please check if your pet has had the following vaccinations:

(Please have on hand to show proof)

Rabies  DHLPP  Bordetella  Parvo

Ruff Dog requires all dogs to be on a flea and tick program between the months of April – October. Is your pet currently on a flea & Tick control program?  Yes  No

If yes, please describe:(brand) \_\_\_\_\_

Is your pet spayed/neutered?  Yes  No

Does your dog have any allergies?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is your pet currently taking any medications or supplements?  Yes  No

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

\_\_\_\_\_

Has your pet had any illnesses in the past 30 days?  Yes  No

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

\_\_\_\_\_

Does your pet have any special dietary requirements?  Yes  No

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

Please provide any additional information you think would be helpful:

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**\*\*\*Please provide the records from your veterinarian confirming the following:  
Vaccinations, spay/neuter, flea control, that your pet is free from any communicable diseases  
and information on any other medications/medical conditions.**

**Pet's Behavior and Training Information:**

1.Has your pet had basic obedience training? ( )Yes ( )No

2.Is your pet house trained? ( )yes ( )No

3.Is your pet crate trained? ( )Yes ( )No

4.Please check which of the following commands your pet knows:

( )Sit ( )Stay ( )Come ( )Down ( )off ( )Leave it ( )No

Other, please specify:\_\_\_\_\_

5.please check the boxes that best describes your pet temperament (check all that apply)

( )Laid back ( )Playful ( )Excitable ( )Shy ( )Dominant ( )Aggressive

Other, please specify:\_\_\_\_\_

6.Does your pet have any fears or phobias(thunder ,Noises ,people)? ( )Yes ( )No

If yes, please describe:\_\_\_\_\_

7.Has your pet ever bitten another dog? ( )Yes ( )No

8. Has your pet ever bitten another person? ( )Yes ( )No

If yes, please explain\_\_\_\_\_

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9. How does your pet get along with other dogs? \_\_\_\_\_

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10. What are some of your pet's favorite activities? \_\_\_\_\_

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11. Has your pet ever had a bad incident (attack, aggression) with another dog? ( )Yes ( )No

If yes, please explain: \_\_\_\_\_

12. How does your pet react to new people and situations? \_\_\_\_\_

13. Does your pet share toys with other dogs/people? \_\_\_\_\_

**Daycare Program Information:**

How many days per days week are you interested in bringing your pet to daycare?

Why would you like your dog to attend dog daycare (socialization/long work hours/energy release/etc)? \_\_\_\_\_

**Boarding Program Information:**

Feeding and Medication directions:

Morning feeding: \_\_\_\_\_ Morning Meds: \_\_\_\_\_

noon Feeding: \_\_\_\_\_ Noon Meds: \_\_\_\_\_

Evening Feeding: \_\_\_\_\_ Evening Meds: \_\_\_\_\_