



- New Doggy Dude
- Existing Dude's Updated Information
- Additional Family Members

Please read and answer ALL questions. You can use a “?” or NA when applicable.

Guardian/Human's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

\*\*An emergency contact is someone who is not traveling with you.

Persons Authorized to Drop-off/Pick-up my dog(s): \_\_\_\_\_

How did you hear about the Doggy Dude Ranch:  Website  Drive-By  Yellow Pages  Email  Flyer  
 Direct Mail  Special Event  Newspaper  Referral: \_\_\_\_\_  Other: \_\_\_\_\_

Do You/Your Doggy Dude have a Facebook page? Yes / No

What is your primary reason for bringing your dog(s) to the Doggy Dude Ranch?  Loves to play  
 Socialization  Work long hours  Travel Extensively  Sports/Rehab  Training  Visiting Park

### FIRST DOGGY DUDE

Doggy Dude's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

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

Sex: Male / Female My Doggy Dude Is Spayed/Neutered: Yes / No

How long have you had your dog? \_\_\_\_\_ Is your dog a rescue? Yes / No

Disposition with people: \_\_\_\_\_ With Dogs: \_\_\_\_\_

### Feedings (Client Provided):

Brand Name: Dry: \_\_\_\_\_ Canned: \_\_\_\_\_ Raw: \_\_\_\_\_

Morning: Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Afternoon: Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Evening: Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Can your Doggy Dude have treats? Yes / No What is your DD's favorite game? \_\_\_\_\_

### MEDICAL INFORMATION:

Veterinarian: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

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

Does your dog have any allergies or other medical conditions? Yes / No

Explain: \_\_\_\_\_

Does your dog have any physical conditions? (Such as a limp) Yes / No

Explain: \_\_\_\_\_

Are there any restrictions that should be placed on your dog's activities? Yes / No

If yes, what activities/restrictions? \_\_\_\_\_

Has your dog had diarrhea or vomited in the last 24 hours? Yes / No

Explain: \_\_\_\_\_

Has your dog been sick in the last two weeks? Yes / No

Explain: \_\_\_\_\_

### Medications: Yes / No (Please list all medications)

Medication: \_\_\_\_\_ Morning Afternoon Evening Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Morning Afternoon Evening Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Morning Afternoon Evening Dosage: \_\_\_\_\_

**CANINE BEHAVIOR QUESTIONS:** (Please answer the following questions as accurately as possible)

Is there any PERSON, type of DOG, or SITUATION your dog seems uncomfortable with? Yes / No

Please Describe: \_\_\_\_\_

Has your dog ever jumped or dug under a fence or barrier to escape? Yes / No

Please Describe: \_\_\_\_\_

Has your dog ever socialized with a large group of dogs (5+)? Yes / No

If yes, under what conditions? (i.e. daycare, dog park, etc.) \_\_\_\_\_

Has your dog ever growled at or bitten/nipped another PERSON or DOG? Yes / No

If Yes, what were the circumstances? \_\_\_\_\_

Can you take a food item away from your dog without him growling or reacting? Yes / No

Will your dog readily share toys with other dogs? Yes / No

Are there any areas on your dog's body where he/she DOES NOT like to be touched by humans? Yes / No

If yes, what areas? \_\_\_\_\_

**SECOND DOGGY DUDE**

Doggy Dude's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

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

Sex: Male / Female My Doggy Dude Is Spayed/Neutered: Yes / No

How long have you had your dog? \_\_\_\_\_ Is your dog a rescue? Yes / No

Disposition with people: \_\_\_\_\_ With Dogs: \_\_\_\_\_

**Feedings** (Client Provided):

Brand Name: Dry: \_\_\_\_\_ Canned: \_\_\_\_\_ Raw \_\_\_\_\_

Morning: Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Afternoon: Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Evening: Quantity: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Can your Doggy Dude have treats? Yes / No What is your DD's favorite game? \_\_\_\_\_

**MEDICAL INFORMATION:**

Veterinarian: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

Does your dog have any allergies or other medical conditions? Yes / No

Explain: \_\_\_\_\_

Does your dog have any physical conditions? (Such as a limp) Yes / No

Explain: \_\_\_\_\_

Are there any restrictions that should be placed on your dog's activities? Yes / No

If yes, what activities/restrictions? \_\_\_\_\_

Has your dog had diarrhea or vomited in the last 24 hours? Yes / No

Explain: \_\_\_\_\_

Has your dog been sick in the last two weeks? Yes / No

Explain: \_\_\_\_\_

**Medications:** Yes / No (Please list all medications)

Medication: \_\_\_\_\_ Morning Afternoon Evening Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Morning Afternoon Evening Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Morning Afternoon Evening Dosage: \_\_\_\_\_

**CANINE BEHAVIOR QUESTIONS:** (Please answer the following questions as accurately as possible)

Is there any PERSON, type of DOG, or SITUATION your dog seems uncomfortable with? Yes / No

Please Describe: \_\_\_\_\_

Has your dog ever jumped or dug under a fence or barrier to escape? Yes / No

Please Describe: \_\_\_\_\_

Has your dog ever socialized with a large group of dogs (5+)? Yes / No

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If Yes, what were the circumstances? \_\_\_\_\_

Can you take a food item away from your dog without him growling or reacting? Yes / No

Will your dog readily share toys with other dogs? Yes / No

Are there any areas on your dog's body where he/she DOES NOT like to be touched by humans? Yes / No  
If yes, what areas? \_\_\_\_\_

I, the undersigned, hereby acknowledge and agree that all the information provided in this Doggy Dude Ranch Boarding Release is complete and accurate to the best of my knowledge. I hereby execute the Agreement for my dog, myself and my heirs, successors, representatives and assigns. I further attest that if I am not the sole owner or representative of the dog subject to this application, that my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative.

Guardian's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I further acknowledge and agree that I have read, understand and agree to all terms and conditions contained in the Doggy Dude Ranch Policies, Procedures and Releases.

1. **PERSONAL PROPERTY.** I agree that Doggy Dude Ranch shall not be responsible or liable for any lost, stolen or damaged personal property belonging either to me or my dog(s). I also understand and agree that my Doggy Dudes collar may be removed in the play area to prevent injury to any dog.
2. **DOGGY DUDE RANCH FEES.** I agree to pay for all fees and services by cash, check or credit cards at the time I pick up my Doggy Dude after each visit to the DOGGY DUDE RANCH. I further agree to pay the cost of any check or debit charges returned or challenged for any reason
3. **CANCELLATION POLICY.** Available upon request.
4. **REFUNDS.** Assessment would be made on individual basis.
5. **AGGRESSIVE DOGS/FEARFUL DOGS.** We will provide board for any dog that we feel we can care for in a safe and humane manner.
6. **DUTY TO DISCLOSE.** I have disclosed and shall continue to disclose on an ongoing basis, any and all medical or other conditions, including but not limited to personality concerns or behaviors that may affect, limit or prevent my Doggy Dude's ability to participate in play time or otherwise attend the Doggy Dude Ranch, play groups or boarding.
7. **DOGGY DUDE RANCH PARTICIPATION.** I understand participation in play time is at the sole discretion of Team Doggy Dudes and that Doggy Dudes may be separated from others or asked to leave for any reason at DDRs sole discretion. **SAFETY IS OUR NUMBER ONE CONCERN.**
8. **ACCEPTANCE AND ACKNOWLEDGEMENT OF DOGGY DUDES PARTICIPATION RISK.** I FULLY UNDERSTAND THAT: (a) THERE ARE INHERENT AND POTENTIAL RISKS INVOLVED WITH INTERACTIONS BETWEEN HUMANS AND DOGS, AS WELL AS BETWEEN DOGS AND OTHER DOGS, WHICH MAY RESULT IN PROPERTY DAMAGE OR BODILY INJURY, INCLUDING BUT NOT LIMITED TO, PERMANENT DISABILITY, SICKNESS OR DEATH TO HUMAN OR DOG; AND (b) THERE MAY BE OTHER RISKS NOT KNOWN TO ME NOR READILY FORESEEABLE AT THIS TIME (COLLECTIVELY, "RISKS"). I FULLY ACCEPT AND ASSUME ALL RESPONSIBILITY FOR ALL RISKS, INCLUDING, WITHOUT LIMITATION, ALL LOSSES, COSTS AND DAMAGES INCURRED AS A RESULT OF MY OR MY DOGGY DUDE'S PARTICIPATION IN THE DDR PLAY OR CARE, INCLUDING ANY VETERINARIAN EXPENSES INCURRED ON BEHALF OF MY DOG. SICKNESS SHALL BE DEFINED AS ANY ILLNESS INCLUDING BUT NOT LIMITED TO BORDETELLA (KENNEL COUGH).
9. **VETERINARIAN LIABILITY AND CARE.** I agree to allow THE DOGGY DUDE RANCH to obtain medical treatment for my DOGGY DUDE, if, in its sole discretion it appears that, he/she is ill, injured or exhibits any other behavior that would reasonably suggest that my Doggy Dude may need medical treatment. If my Doggy Dude passes away at DDR, we shall follow the owners instructions. I AGREE THAT I AM FULLY RESPONSIBLE FOR THE COST OF ANY SUCH MEDICAL TREATMENT, AND FOR THE COST OF ANY TRANSPORTATION FOR THE PURPOSES OF SUCH TREATMENT, PROVIDED TO MY DOGGY DUDE.

Owner/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY – Initials:**

Date: \_\_\_\_\_ Rate: Local \_\_\_\_\_ Biz \_\_\_\_\_ Visitor \_\_\_\_\_ Other \_\_\_\_\_

Proof of current vaccinations: DA2PP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ 6 months or 1 year  
Titer Test Results  
No Paper Proof

Favorite dog buddies: \_\_\_\_\_

Favorite people: \_\_\_\_\_

Favorite places to stay: \_\_\_\_\_

Dogs they don't like: \_\_\_\_\_

WARNING: Digs Climbs Chews fence Open gates Jumps Other: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Rate: Local \_\_\_\_\_ Biz \_\_\_\_\_ Visitor \_\_\_\_\_ Other \_\_\_\_\_

Proof of current vaccinations: DA2PP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ 6 months or 1 year  
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Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_