

Cabana #: _____



Lodging Questionnaire

Dog's Name: _____

Parent's Name/Number: _____

Arrival Date: _____

Arrival Time: _____

Departure Date: _____

Departure (approx.) Time: _____

Is your dog microchipped: Yes _____ No _____

Has your dog been eating, drinking, urinating, defecating and otherwise acting normally over the last week? Please note any changes noticed even if subtle:

Does your dog have any food allergies? If yes, please explain.

While lodging what will your dog be eating (type of food, dry/wet):

How much is your dog fed per meal?

How often is your dog fed per day?

1x _____ 2x _____ 3x _____ Other _____

When was your dog last fed?

What time does your dog eat dinner?

If your dog were to run out of food while lodging, could we feed your pet our in-house diet?
(House food is \$3.00 per meal).

Yes _____ No _____

Please list any medications your dog will need while lodging. Describe the current dosage, duration, and time last given. (Ex: Rimadyl 100 mg – give ½ tablet by mouth twice daily – last given at 9 am on 4/1/22) **There is a charge of \$1.00 per day for each oral medication for your pet no matter how many doses are to be given during a day and \$3.00 per injection. Medications must be presented in their original prescription bottle, with a description of its proper dosage and frequency.*

Does your dog have any special needs? Please describe below as well as any other information we should know to make your dog's stay most comfortable. **Please note that should your dog require any special care beyond the usual and customary an extra care fee of \$5.00 per day will be charged.*

Would you like your dog to receive any additional services while he/she is lodging?

*(additional fee applies)

30-minute walk _____ (\$10/day)

30-minute play 1:1 _____ (\$10/day)

Gourmet Treat _____ (\$3/day)

30-minute combo walk/play _____ (\$15/day)

Daily email/text update _____ (\$5/day)

Exit Bath _____ (Small Dogs \$30, Medium \$40, Large \$45)

Please confirm telephone number where you may be reached:

If we are unable to contact you, can someone else make pet care decisions on your behalf?

Yes _____ No _____

If so, please list emergency contact's name and phone number.

Please list all items brought from home for your dog's stay:

I have read and agree to the following. Initial on each line below.

**For guests arriving in the morning, pick up on day of departure is by noon. For guests arriving in the afternoon, pick up on day of departure is by 5:00pm. If additional stay time is required, day care rates may apply. _____ Owner Initials*

**Should your dog soil any personal garments/items and/or What a Ruff Life bedding in their cabana due to vomiting, urinating, or defecating, items will be laundered at owner's expense (\$5 laundering fee per episode will be applied to final bill). _____ Owner Initials*

**In the event that your dog vomits, urinates and/or defecates and What Ruff Life staffers deem them to require bathing, owner acknowledges and authorizes What a Ruff Life staff to bathe their dog at owners' expense (exit bath fees will be applied to final bill). If additional care is required for the clean-up of soiled areas additional fees may apply. _____ Owner Initials*

In the unlikely event your pet should become ill or develop any medical condition requiring treatment, we will do our best to contact you and/or your emergency contact. It is our policy, however, to use our best judgement in providing medical care to the pets left in our care. By signing below, you acknowledge this policy and understand that you will be financially responsible for any fees accrued.

Signature of Client

Date

Notes:
