

Guest's Names:



where your dogs play while you're away

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www.ruffhouse.ca

A vacation for your dog at Ruff House provides opportunities for socialization with other guests and lots of space for exercise both indoors and out. There is agility equipment, IQ toys, treadmills, balls, Frisbees and more for our guests to experience.

Family Name _____

Address _____

Phone numbers _____

Emergency contact information:

Name _____

Address _____

Phone numbers _____

At Ruff House we do our best to provide a clean, safe environment for all our guests. Accommodations are kept well ventilated. All dishes are washed daily and fresh water is provided several times per day as required.

Guests are supervised during their play whether it is one-on-one with a handler or interaction in a group. We do our best to see to the safety of each dog, however, illness or accidents can happen - especially when dogs are introduced to a new environment, are under stress, or are active and playing with each other. We do all we can to protect your dog from disease by requiring vaccinations and keeping their environment clean. Should an accident occur, Ruff House owners, employees, or volunteers shall not be held liable. Your initials below signify your understanding and agreement with this policy.

Initial

We will not hesitate to take a dog for veterinary care if we see anything that concerns us. Our vet clinic of choice is Stonewall Vet Clinic. We have every confidence in Dr. Mander and his staff. He may contact your own vet for a medical history should he think it is appropriate. Every effort will be made to reach you or your alternate but our first concern is the health of our guests. Your initials below signify your understanding and agreement with this policy.

Initial

Your vet: _____ Phone number: _____

If I should be unavailable for consultation, in the event of an emergency or illness, Ruff House has my permission to have my dog treated by their veterinarian of choice. On my return I will take full responsibility for any expenses incurred.

Owner _____ Dog(s) _____

Signature _____ Date _____

To assist us to best care for your dog, we need the following information: for each of your dogs:

What medications and what dosages are to be given while staying at Ruff House (all meds must be in their original packaging with instructions clearly marked)

What medications, preventative treatments (including inoculations and heartworm) have been given to your dog in the last six months. Include any surgical procedures

Are there any existing medical anomalies or recurring conditions such as allergies, stomach issues, limps, lumps, bumps, eye or ear conditions, etc.

Some dogs may experience stress because they are staying in a strange place without their family. This typically manifests as fearful behaviour, not eating or tummy upset leading to “stress poop.” Most times this resolves itself within a day or two. To help our guests over their anxiety or to treat minor cuts or scrapes, we may use one or more of the following home remedies:

Thunder Shirts to wear for stress reduction

DAP - dog appeasing pheromone for dogs who are highly stressed (behaviour)

Bach Flower Essences - Rescue Remedy for dogs who are highly stressed (behaviour)
Our own Magic Pumpkin Mix
- for stress poop - loose stool or diarrhea or for constipation
Fiskes Skin and Wound Salve - for cuts, scrapes
For A Dog's Ear—music that is designed especially to calm dogs

Your initials signify that you understand and agree to the use of these treatments.

We do not charge extra for the use of the home remedies, for cleaning ears, or for regular grooming, such as brushing or bathing when a dog gets really dirty, or pats on the head, or hugs....

We would like to know more about your dog so that we can make his/her visit as fun and interesting as possible.

Any special likes:

Any fears or dislikes:

Initial

Feeding schedule:

How much _____

How often _____

Treats or supplements _____

Medications _____

IN

CHECKLIST

OUT

Crate _____

Food _____

Dishes _____

Collar _____

Leash _____

Toys _____

Clothing _____

Proof of vaccination _____

Medications _____

Initial

Initial