

The RUFF House

7 Littleton Road, E2, Westford, MA 01886 978-692-2584

Dog's Name:		·····				
Street Address:						
City:	State:	Zip:				
Phone:		Cell:				
Email Address:						
Occupation:	Employer:					
How did you hear ab	oout us?					
Veterinarian's Name	and Phone #					
Emergency Cont	act Information: Please tell u	s whom to contact in case of an emergency				
1. Name	Phone _					
2. Name	Phone _					
	•	t we may release your dog to:				
What are your reasons for	or coming to daycare?					

Dog's Name:						
Breed: Age: Birth date:						
Weight My dog is a Male/Female. Neutered/Spayed?						
Bite History? Is your dog	a reso	cue?_				
Color/Distinguishing markings						
Any Medical Problems/Allergies? If yes, p	olease	expla	ain			
How long have you had your dog?						
Has your dog ever been boarded before?	Yes	No	Not Sure			
Is your dog use to being in a crate?	Yes	No	Not Sure			
Does your dog have separation anxiety?	Yes	No	Not Sure			
Has your dog ever escaped a fence (over or under)	Yes	No	Not Sure			
Does your dog get along well with others?	Yes	No	Not Sure			
How about with puppies?		No	Not Sure			
Does your dog have any food or toy aggression?	Yes	No	Not Sure			
What is your dog's favorite activity (circle all that	apply	: Ball	Playing	Frisbee		
Keep away Tug'o'war Cuddling Belly rubs	Othe	r?		_		