

# Fox Creek Pet Ranch DOG Information Sheet

## OWNER INFORMATION

Owner's Name(s): \_\_\_\_\_

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

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

Owners contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Owners contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Alternate and emergency contacts.

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

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

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

## VETERINARIAN INFORMATION

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

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

## PET INFORMATION

Name: \_\_\_\_\_ DOB/approx. year born \_\_\_\_\_

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

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

# Questionnaire & Off-leash Permission Form

Last Name \_\_\_\_\_ Dog Name \_\_\_\_\_

Question	Yes	No	Unsure
Do you want your dog socialized with other dogs?			
Has your dog been in an open play environment before?			
Did they do well in this setting?			
Does your dog like children?			
Does your dog like other animals?			
Is your dog an escape artist?			
Can/does your dog jump fences?			
Does your dog have anxiety during storms?			
Can we take pictures/ videos of your dog to be used on social media/website etc.?			

**PLEASE READ CAREFULLY REGARDING OUTDOOR TIME**

**WE ARE AN OFF LEASH FACILITY**

We are an off leash facility. All dogs go outside in our fenced backyard and are off leash for all potty breaks, exercise, play and outdoor time. This applies to all social and all non social dogs. All social dogs will go out together in a group and all non-social dogs go out alone or just with their immediate family members if it applies. All dogs are given the same amount of outdoor time regardless of their social status.

We love the freedom the dogs have to run and exercise in our fenced outdoor area, however, we must rely on you to help ensure us your dog will be safe when off leash at our facility.

If your dog is a fence jumper, or an escape artist, this is not a safe setting for your dog and we kindly ask that you contact our front office regarding your reservation.

When you choose to board here, you are giving consent to Fox Creek Pet Ranch to allow your dog to participate in the outdoor off leash area and you agree to not hold Fox Creek Pet Ranch, including all staff and family members, liable, financially or otherwise, for negligence should your dog get out of the fenced area for any reason.

I consent to my dog being off leash at Fox Creek Pet Ranch:

Print Name	
Signature	
Date	

# Fox Creek Pet Ranch

## Release Form

Last Name \_\_\_\_\_ Dog Name \_\_\_\_\_

Please tell us anything else that will help us give your dog the best experience possible

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PLEASE READ AND SIGN. BY SIGNING BELOW YOU ARE AGREEING TO ALL OF THE FOLLOWING STATEMENTS.

- \* I agree that my pet is in good health.
- \* My dog is free from fleas, ticks and any communicable disease.
- \* I agree that my dog has never shown signs of aggressive behavior towards people.
- \* I understand there is always a risk of kennel cough or canine upper respiratory infection in public dog environments and agree to hold Fox Creek Pet Ranch harmless if my dog should contract this, or any other disease or infection while boarding at Fox Creek Pet Ranch.
- \* I understand that safety is the number one concern at Fox Creek Pet Ranch. If my dog is one that participates in group play and my dog shows signs of any behavior that they deem unsafe for my dog or the dogs around my dog that my dog will be separated from the group and given free play time alone. Fox Creek Pet Ranch will make the final decision regarding group play.
- \* I understand that by choosing and agreeing to allow my dog to participate in group play that there are risks as well as benefits. I will not hold Fox Creek Pet Ranch liable, financially or otherwise, for injuries to my dog, myself or my property while participating in any activities while at Fox Creek Pet Ranch.
- \* I understand that I am responsible for any and all medical care my pet may need as a result of an injury that may happen while at Fox Creek Pet Ranch.
- \* I understand that Fox Creek Pet Ranch is striving to bring my dog a unique experience by providing a ranch like environment. Some of the risks associated with this type of environment are fleas, ticks, mosquitos and snakes. I am responsible for my dogs heartworm, flea & tick control and will not hold Fox Creek Pet Ranch liable, financially or otherwise, should my pet come in contact or contract anything picked up during outdoor play in what is considered a local pest in our outdoor Florida environment.

Print \_\_\_\_\_ Sign \_\_\_\_\_

Date \_\_\_\_\_

\* This form will remain in effect until I submit any changes in writing to Fox Creek Pet Ranch.

## FOX CREEK PET RANCH

### Medical Care Form

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

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

The safety of your pet is of utmost importance to us.

In the event an emergency, or non emergency, medical issue that may arise while your pet is in our care we want to be able to provide your pet with the medical care they need. We will make every attempt to contact you and keep in contact with you. In the event we are unable to reach you, please provide us the following information so that we can ensure that your pet gets the very best care they need.

Please fill out this next section with the mindset that we CANNOT reach you.

We need to know how to best advocate for you in the event of an emergency and you are unreachable.

Please read and initial each section:

\_\_\_\_\_ I authorize Fox Creek Pet Ranch to seek medical care and make medical decisions for my pet on my behalf.

\_\_\_\_\_ I authorize medical care up to \$\_\_\_\_\_ for my pet. Minimum of \$250 required.

\_\_\_\_\_ I understand that I am financially responsible for any medical treatment my pet receives as a result of a medical emergency while at Fox Creek Pet Ranch.

\_\_\_\_\_ There will be a \$55/hr transportation charge for trips to the veterinarian with a minimum of one hour. This includes non emergency visits & medication pick up.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\* This form will remain in effect until you authorize a change in writing.