

Fox Creek Pet Ranch DOG Information Sheet

OWNER INFORMATION

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Owners phone: _____

Email: _____

Owners 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 _____ Male Neutered

Breed: _____ Color: _____ Female Spayed

Questionnaire & Release Form - Page 1

Please help us get to know your dog.

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

Safety being our first priority, we like to make sure every dog gets time out of their kennel for sufficient potty breaks, love and exercise in the safest manor possible for them. The back of the property is fenced in for off leash exercise and play for the dogs, whether they are out alone or in group. We love the freedom the dogs have to run and exercise in our fenced outdoor area, however, we must rely on you to help us pick the best outdoor option for the safety of your dog.

If you feel that your dog is a fence jumper, this may not be safest option for your dog and you may choose for us to leash walk only.

Please note, if you choose to allow your dog to participate in the outdoor off leash play areas, you agree to hold Fox Creek harmless should your dog get out of the fenced area.

PLEASE CHECK ONE

My dog can be off leash outside in the fenced area

My dog must be leashed walked only while outside.

Fox Creek Pet Ranch

Group Play Questionnaire & Release Form Page 2

Last Name _____ Dog Name _____

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

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.
- * 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 and if my dog shows sign 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 open 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 should arise while your pet is in our care we want to be able to provide your pet with the medical care it needs. 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 it needs.

Please read and initial:

____ 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.

____ 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

Print Name: _____ Date: _____

Signature: _____

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