

Pick-up/Drop off Hours:
8 to 10 am & 4 to 6pm (Mon. thru Sat.)



For details. Ph. (403) 378-DOGS(3647)
or visit: www.ropspetresort.com

Owner's Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ P.C: _____

Phone Information: Home: _____ Work: _____ Cell: _____

Emergency Contact's Name: _____ Phone: _____

Veterinarian Release:

During my absence, Ropp's Pet Resort will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment to and will be responsible for payment to you (veterinarian) upon my return.

I, _____, give **Ropp's Pet Resort** permission to transport my pet(s) to the recorded veterinarian in the event of an emergency or sickness. If this veterinarian is not available, I authorize **Ropp's Pet Resort** to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital. I give permission to provide treatment up to \$_____. I agree that **Ropp's Pet Resort** is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency. I agree to authorize veterinarian to euthanize my pet in **extreme** circumstances after all reasonable attempts have been made to reach me or my emergency contact.

This agreement will remain valid for all visits unless a new one is signed.

Kenneling Agreement:

Ropp's Pet Resort provides a high quality of care and attention to all pets. However, all pets are kenneled (boarded, transported, groomed, trained, medically treated and otherwise cared for) at sole risk of owner with no liability for any cause whatsoever, assumed by the Kennels. All dog toys and accessories are also brought at the risk of the owner. All kennel expenses are due on the discharge or removal of pet on designated date. Unless otherwise arranged, any pet not removed within fourteen (14) days of the designated date shall be deemed abandoned and will be dealt with at the kennels discretion. All costs incurred by the kennels in enforcing this agreement, including costs between solicitor and client, shall be paid by owner.

All pets will be charged a daily fee from the day they check in until the day they check out. All pets left after the 6:00pm check out time will be charged for an additional day. This agreement shall be a continuing agreement in force each time owner's pet or pets are kenneled.

I, the above named owner, agree to honor this Veterinarian Release and Kenneling Agreement and believe to the best of my knowledge that all the information stated on this form is true.

Owner Signature _____ Date: _____

**NOTE: No one but the owner may pick up the dog from the kennel. If you wish to have someone else pick up the dog for you please notify us ahead of time. Thank You.

Please note: To ensure the safety of your dog, we require all dogs to have their shots up-to-date: Parvo/Distemper, Rabies & Bordatella (kennel cough) at least **10 days** prior to be boarding. As well we also need a copy of your **dogs vaccination records**. If not, we are unable to take your dog.

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Pet's Information:

All pet information must be accompanied by current veterinarian records.

Dog's Name: _____ Breed: _____

Colors/Markings: _____ Male (Neutered) Female (Spayed)

Veterinarian and Address: _____ Phone: _____

Birthdate: _____ Age: _____ Weight: _____ lbs.

Personality and Playtime

*Please check the most appropriate box for the following questions. If you choose yes, please comment. Thank You

Would you like your dog to play with other dogs if there is a good match: No Yes

Does your dog have any aggressions toward other animals or people: No Yes

Comments: _____

Has your dog ever bitten: No Yes _____

Does your dog bark/whimper a lot: No Yes _____

Does your dog dig/scratch: No Yes _____

Does your dog get frightened easily: No Yes _____

Does your dog like to climb: No Yes _____

Are there any special games your dog enjoys? Please list and describe. _____

Is there anywhere your dog does NOT like to be touched? _____

Is your dog house trained: No Yes

What commands does your dog know? Sit Stay Give Paw Fetch

Come Roll Over Beg Speak

Other: _____

Feeding Instructions

Food Type/Brand: _____ Feeding Times: Morning Evening Both

Quantity: ½ cup 1 cup 1½ cup 2 cup 3 cup 4 cup 5 cup Graze

Other _____ Treats: _____

Special Feeding Instructions: _____

Does your dog need any medications administered? No Yes - Please fill out medications form.

Medical Conditions/Allergies: _____

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