

# RITZY CANINE CARRIAGE HOUSE

## Registration Form

### Tell us about yourself

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Who else is authorized to drop off/pick up your pet? \_\_\_\_\_

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How did hear about us? \_\_\_\_\_

### Tell us about your pet

Name \_\_\_\_\_ Breed \_\_\_\_\_  
DOB/Age? \_\_\_\_\_ Sex M F  
Spayed/Neutered? Y N (must spayed or neutered after 6 months of age)  
Weight \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_  
How does your dog get along with other dogs?  
\_\_\_\_\_

People? \_\_\_\_\_

Under what conditions does your dog become aggressive?  
\_\_\_\_\_

Has your pet ever bitten or been bitten? \_\_\_\_\_

### Tell us about your pet's health

Veterinarian: Dr. \_\_\_\_\_ at \_\_\_\_\_ Clinic  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Please describe your pet's general health  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications \_\_\_\_\_  
\_\_\_\_\_

Frequency and time administered \_\_\_\_\_

Payment- (required)  
Credit Card type- \_\_\_\_\_

Card Number \_\_\_\_\_

Exp \_\_\_\_\_/\_\_\_\_\_

CV2 \_\_\_\_\_

**Vaccinations**

***Dogs:***

Rabies – date administered \_\_\_\_\_ Expire Date \_\_\_\_\_  
DHLPP – date administered \_\_\_\_\_ Expire Date \_\_\_\_\_  
Bordatella – date administered \_\_\_\_\_ Expire Date \_\_\_\_\_

***Cats:***

FVRCP – date administered \_\_\_\_\_ Expire Date \_\_\_\_\_  
Rabies – date administered \_\_\_\_\_ Expire Date \_\_\_\_\_

Regular Food (Brand Name) \_\_\_\_\_ Wet or Dry? \_\_\_\_\_  
Feeding times \_\_\_\_\_ Quantity \_\_\_\_\_  
Additional feeding instructions \_\_\_\_\_

**Ritzzy Canine offers many special amenities:**

- \* Pet Massage
- \* Dog Training
- \* Grooming
- \* Special Room Service Menu
- \* Veterinarian Facility

*Extra charges may apply. Please ask the front desk for more details.*

I certify that I am the owner or the agent of the owner of the aforementioned pet, and that I am authorized to board the pet and sign this form. I authorize RITZY CANINE CARRIAGE HOUSE to contact my veterinarian in order to confirm health, temperament and vaccinations. I give consent to RITZY CANINE CARRIAGE HOUSE to act on my behalf by obtaining veterinary care at my expense, should RITZY CANINE CARRIAGE HOUSE deem necessary. I have read the schedule of fees and agree to pay all charges at checkout, unless previously arranged. I authorize RITZY CANINE CARRIAGE HOUSE to charge my credit card account, if so provided, for any outstanding invoices. I release RITZY CANINE CARRIAGE HOUSE (and its agents and employees) from any liability or claim due to injury or death of my pet, unless RITZY CANINE CARRIAGE HOUSE has been negligent in the care of my pet. I understand that under no circumstances will RITZY CANINE CARRIAGE HOUSE be liable for consequential damages beyond the replacement value of my pet.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_