



APPLICATION Canine Guests

Please Print Clearly: Owner Information
Care

(Circle)
Vacation OR Day

Last Name: _____ First Name: _____

Address: _____

Phone #: _____ Cell number: _____

Emergency contact: _____
(Name & phone number)

Arriving: _____ Time: _____ Leaving: _____ Time: _____

Owners going to: _____ Staying at: _____

Additional Comments: _____

Dog's Name: _____ Breed or Mix _____ Male _____ Female _____

Is the dog spayed/neutered? Yes _____ No _____ Date of Birth (Age/approx.) _____ Weight: _____

(Size: (Sm. Med. Large) Coloring: _____ Distinguishing Physical Characteristics _____

Any permanent identification YES _____ NO _____ Chip # _____ Tattoo _____

Does the dog get along with people? YES _____ NO _____ Any people phobias? _____

Does your dog get along with other dogs? YES _____ NO _____ If no, types of dogs or reason?

Will this dog come when called? YES _____ NO _____ Has this dog ever been left overnight?

YES _____ NO _____ In his own home with sitter _____ in a boarding facility _____

Where there any problems while you were away or on your return. YES _____ NO _____

Please explain: _____

Has the dog ever run away? YES _____ NO _____ Comment: _____

Is there anything that distracts your dog from listening to commands? YES _____ NO _____

Comment: _____

Does this dog have behaviors we should be aware of (thunderstorms, conversations, anxiety separation etc.)

Does your dog have a barking problem? _____

Is your dog a jumper? _____

HEALTH: Please describe this dogs general Physical Health. _____

Please ensure that the dog is up to date with current vaccinations. (Proof must be shown at check in)

Does this dog have any allergies? Yes ___ No ___ Is this dog on any medications, vitamins supplements, etc.?
YES ___ NO ___ If YES - Details

Veterinarian's Name _____ Clinic Address _____

Phone # _____

FEEDING: You are to bring sufficient amount of your dog's usual food for your dogs stay. Changing diet can create upset stomach and we want to ensure a healthy stay.

What brand of food do you feed this dog? _____

Is the Food Dry _____ Canned _____ Both _____ Other _____

How much do you feed this dog? _____ How Often (Times) _____

Should your dog refuse to eat the first day or two are we allowed to mix food? _____

Any other comments that you would like to share to ensure a happy stay with us.

Rocky Mountain Pet Resort and Spa take our Pet Care seriously and want to create a friendly, safe and enjoyable experience for all our guests. We take reasonable efforts to ensure safety, security and well being of all the dogs entrusted to our care

A Rocky Mountain Pet Resort & Spa waiver must be signed upon check in. This completes the application process and unless you notify us of changes to the above you do not have to fill this out again. Thank you.

FAX: (250) 347-9945

This is an Application only and does not confirm a reservation until an interview is held & deposit received.

RMPR Fill Out:

Application received _____ Interview Held _____ Vaccinations up to date _____ Deposit received _____

Waiver signed _____ Accepted _____ Not Accepted _____ Waiting List (Date) _____ Rate: _____

Signature (RMPR) _____ DATED: _____

01/2010