

# INDIGO RANCH REGISTRATION FORMS

15640 Airport Way, Vernonia, Or 97064 - 503-429-0806

[www.indigoranch.org](http://www.indigoranch.org) Email: [IndigoRanchStaff@gmail.com](mailto:IndigoRanchStaff@gmail.com) / [info@indigoranch.org](mailto:info@indigoranch.org)

## OWNER INFORMATION

\*First Name: \_\_\_\_\_

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

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

\*Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

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

### SPOUSE INFO

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

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

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

## EMERGENCY CONTACTS

\*Name: \_\_\_\_\_

\*Relationship: \_\_\_\_\_

\*Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

\*All emergency contacts are also authorized to pick up my dogs\*

## VETERINARY INFO

Primary Clinic: \_\_\_\_\_ Doctor: \_\_\_\_\_

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

## DOG #1 INFO

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

Breed/s: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Color/Markings: \_\_\_\_\_

Spay/Neuter date: \_\_\_\_\_

Flea/Tick medication type: \_\_\_\_\_

Date last given flea and tick: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

## DOG #2 INFO (pen color: \_\_\_\_\_)

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

Breed/s: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Color/Markings: \_\_\_\_\_

Spay/Neuter date: \_\_\_\_\_

Flea/Tick medication type: \_\_\_\_\_

Date last given flea and tick: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

**DOG #3 INFO (pen color: \_\_\_\_\_)**

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

Breed/s: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Color/Markings: \_\_\_\_\_

Spay/Neuter date: \_\_\_\_\_

Flea/Tick medication type: \_\_\_\_\_

Date last given flea and tick: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

**DOG #4 INFO (pen color: \_\_\_\_\_)**

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

Breed/s: \_\_\_\_\_

Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Color/Markings: \_\_\_\_\_

Spay/Neuter date: \_\_\_\_\_

Flea/Tick medication type: \_\_\_\_\_

Date last given flea and tick: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

**If filling out packet for more than one dog, please use different pen colors for each.**

1. Which of the following best describes your dog's level of socialization with other dogs?

- None - no interactions with other dogs
- Minimal - few interactions, such as leashed walks or at the vet
- Moderate - some off leash playtime with neighbor's, friend's or family's dogs
- Extensive - regular visits to dog parks or other boarding/daycare facilities

2. Has your dog been boarded/attended daycare before? If yes, please describe the frequency of attendance and experience there. Please note if they have been turned away from a facility before.

3. Which of the following best describes your dog's process of meeting new people?

- Needs a few minutes to warm up to new people
- Needs a few hours to warm up to new people
- Loves meeting new people
- Not too interested in people in general - more interested in other things

4. Which of the following best describes your dog's process of meeting new dogs?

- Immediate tail wags and smelling, wants to play
- My dog needs a second to warm up and smell, hair on back may stand up
- My dog needs a while to warm up, will quickly set boundaries with another dog
- My dog does not like other dogs and does not do well interacting with them

5. What behaviors does your dog exhibit when scared, anxious or uncomfortable?

6. Does your dog exhibit separation anxiety?

7. If your dog has separation anxiety, which best describes the behavior they may exhibit?  
Please mark all that apply.

- My dog will whine/bark
- My dog has climbed fences
- My dog has broken out of kennels
- My dog has dug holes
- My dog has eaten through walls

8. Does your dog have any physical aversions? (Example: doesn't like paws touched)

9a. Has your dog had any bad experiences with **humans** in the past?

- No
- Yes, my dog has suffered trauma from humans, but does not meet humans with confrontation
- Yes, my dog has bitten someone (please describe situation below).

9b. If your dog has bitten someone, **was this incident reported** to local authorities or animal control?

YES / NO

10. Has your dog had any bad experiences with **dogs** in the past?

- No
- Yes, my dog has been injured and needed medical care from a bite/attack
- Yes, my dog has been in a fight but not injured
- Yes, my dog has initiated a fight with another dog
- Yes, my dog has injured another dog, causing need for medical care
- Yes, but another situation (please explain below)

11. Has your dog ever been prescribed anxiety medications or sedation for situations other than medical procedures? If so, please describe the reason for needing medication. (It might be helpful for you to provide these medications for your dog to mitigate potential anxiety.)

12. Are there any types of dogs or specific breeds that your dog seems to automatically dislike or be fearful of? (Example: dogs with curly hair)

13. Which describes your dog's ideal playmate?

- Very playful and energetic dogs that will initiate play
- Dogs that will say hi, but mostly keep to themselves
- Dogs that will play, but not initiate play

14. Which of the following does your dog like to do when playing with other dogs? Mark all that apply.

- Chase
- Be chased
- Tug-o-war
- Wrestle

15. Which of the following does your dog **not** like when playing with other dogs? Mark all that apply.

- Humping / Mounting
- Dog's taking the toy that they are playing with
- Dog's chasing them
- Vocalness from other dogs

16. Does your dog guard any highly valued items or food?

17. Which best describes your dog's level of obedience training?

- Trained at home using books or personal experience
- Trained in-home by a certified trainer
- Has attended a board and train program
- My dog has little or no training

18. Which commands does your dog know? If their commands are different from the ones listed, please write what the verbal command is next to it.

- Come
- Stay
- Off
- Leave it
- Easy
- Kennel
- Other \_\_\_\_\_

19. Which of the following best describes your use of obedience commands on a daily basis?

- Key part of day to day activities
- Used when meeting new people/dogs
- Used on occasion
- Used rarely or never

20. What method/s do you use to reward good behavior? What method/s do you use as a consequence for unacceptable behavior?

Which best describes your use of kennels with your dog?

- Never used, my dog has never been in a kennel
- Used as a puppy, but not recently
- I currently use a kennel with my dog

21. Which best describes **how** you use a kennel with your dog?

- Use as a safe space that my dog can go into when needing a break
- Use for time-out
- Use just for sleeping/eating

22. Does your dog have any destructive tendencies? (Example: My dog shreds bedding)

23. Does your dog free-feed or eat scheduled meals? YES / NO

24. Does your dog have any allergies? If so, please describe what allergies they have and how it affects them.

25. Will your dog be taking any medication when boarding at Indigo Ranch? If so, please write their medication below and how you administer medication at home.

26. Is there anything else we should know about your dog's preferences before they are boarded at Indigo Ranch?

**Please Note:** We provide beds, blankets, toys and dishes for all of our guests at Indigo Ranch and do not need any items from home. Leaving items from your home could result in damages or items not being returned to you. If you choose to leave items with your dog, please acknowledge that these things may happen to them:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellation Policy:** Please sign and date that you understand our Cancellation Policy: Because bookings are scheduled according to space available, cancellations that are made within 48 hours or less of scheduled stay will be charged for one night:

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