

Please fill out a form for each pet in your family that will receive services from Tailwinds Pet Resort.

GENERAL INFORMATION

Pet Owner Name:

Pet Name: Primary Contact Phone:

Sex: M F Weight: Age: Birthday:

(Male) Neutered: Y N (Female) Spayed: Y N Age Neutered or Spayed:

Breed: Color Markings:

MEDICAL CONDITIONS

Has your Pet been diagnosed with any medical condition? (e.g. heart condition, thyroid disease, etc.): Y N If YES, Please List:

Medication: <input type="text"/>	Ailment: <input type="text"/>	Dosage: <input type="text"/>
Administrative Method: <input type="text"/>	Frequency: <input type="radio"/> MORNING <input type="radio"/> EVENING	Storage Method: <input type="text"/>

Medication: <input type="text"/>	Ailment: <input type="text"/>	Dosage: <input type="text"/>
Administrative Method: <input type="text"/>	Frequency: <input type="radio"/> MORNING <input type="radio"/> EVENING	Storage Method: <input type="text"/>

Medication: <input type="text"/>	Ailment: <input type="text"/>	Dosage: <input type="text"/>
Administrative Method: <input type="text"/>	Frequency: <input type="radio"/> MORNING <input type="radio"/> EVENING	Storage Method: <input type="text"/>

PET FOOD

Please note whether your Pet will receive Tailwinds pet food or pet food brought from home.

Food: Frequency: MORNING EVENING Quantity:

Known Food Allergies: Is it Acceptable for your Pet to Receive Treats? Y N

Are there any Exceptions? Y N If Yes, Please List:

(Continued on page 2)



P E T H I S T O R Y

How long have you had your pet?

Have you had your Pet since it was a puppy? Y N

Where did you get your Pet? (*Adopted; Breeder, Pet Store, etc.*)

If adopted, please provide history:

Does your Pet have any physical limitations (*arthritis, missing limb, blind, deaf, etc.*)? Y N If YES, please list below:

Has your Pet ever suffered from seizures? Y N If YES, is your Pet on medication to control them? Y N

Is there anything you know that will trigger them?

How does your Pet behave during a seizure?

How often do they occur?

How do you care for your Pet once the seizure is over?

Has your Pet eaten anything unusual within the last week? Y N If YES, please explain:

Does your Pet socialize regularly with other Pets? Y N If YES, in what environment?

Does your Pet require extra potty relief? Y N If YES, how often? What times?

P E T A T T R I B U T E S

How does your Pet respond when meeting another pet?

How does your Pet respond when meeting a stranger both in your home and on walks?

Home: Walks:

How does your Pet behave when interacting or playing with other pets?

How does your Pet behave when interacting or playing with a person and/or toys?

Does your Pet have any commands you would like us to use?

Does your Pet have any sensitive areas?

(Continued on page 3)



P E T A T T R I B U T E S (cont'd)

Does your Pet have any favorite places to be pet?

What kinds of toys does your Pet like?

Is your Pet frightened by any noise, people or actions? Y N If YES, please explain below:

P E T E X P E R I E N C E S

Has your Pet ever bitten a person? Y N If YES, please explain:

Has your Pet ever bitten another pet or animal? Y N If YES, please explain:

Has your Pet ever been bitten or attacked by another pet or animal? Y N If YES, please explain below:

Does your Pet have any phobias (thunder, loud noises, vacuum cleaner, etc.)?

Is there anything your Pet does not like? (e.g. other breeds, people, vacuum cleaners, clothing, etc). Y N If YES, please describe below:

Do you use a regular flea/tick preventative on your Pet? Y N Brand:

Does your Pet snap or growl over food or toys? Y N If YES, please explain:

Does your Pet jump fences? Y N Max Height:

Has your Pet ever suffered from Canine Bloat? Y N If YES, please explain:

Is there anything else we should be aware of regarding your Pet? Y N If YES, please write your comments below:

