

Tails of Terra Linda - Registration Form

Please complete this form to ensure we provide the best care for your pet during their stay.

CLIENT INFORMATION

Full Name: _____

Street Address: _____

City / State / ZIP: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Tertiary Phone Number: _____

Email: _____

Emergency Contact Name & Number (required if you will not be reachable at points during your pet's stay):

Preferred Veterinary Hospital: _____

PET INFORMATION

Pet's Name: _____

Species / Breed: _____

Sex: ☐ Male ☐ Female

Status: ☐ Spayed ☐ Neutered ☐ Intact

Color: _____

Birthdate or Approximate Age: _____

Weight: _____

Length of time with current owner: _____



DIET

Will you be providing your pet's food? ☐ Yes ☐ No

Does your pet have any food sensitivities or allergies we should be aware of? If yes, please explain. ☐ Yes ☐ No

Feeding Times (check all that apply): ☐ Morning ☐ Afternoon ☐ Evening

Food Type: ☐ Dry Kibble ☐ Canned ☐ Home Cooked ☐ Other

Quantity per meal: _____ ☐ Cups _____ ☐ Cans

We will provide Science Diet Sensitive Skin and Stomach kibble at no additional charge if needed/desired while your pet is in our care. If your pet requires special food (e.g. grain free or hypoallergenic food), we can accommodate those requests at an additional cost of \$5 per day.

Other feeding instructions:

MEDICATION

Does your pet have any medical conditions, allergies, or diagnoses we should be aware of? If yes, please explain. ☐ Yes ☐ No



List any current medications as well as their purpose and dosage instructions:

BEHAVIOR AND PERSONALITY

How would you describe your pet's personality? (Check all that apply):

- ☐ Outgoing ☐ Shy ☐ Affectionate ☐ Independent ☐ Gentle
- ☐ Energetic ☐ Calm ☐ Anxious ☐ Protective ☐ Social ☐ Aloof
- ☐ Confident ☐ Mouthy ☐ Clingy ☐ Vocal ☐ Pushy ☐ Excitable

Activity Level: ☐ Low ☐ Moderate ☐ High

Anxiety Level: ☐ Low ☐ Moderate ☐ High

Describe any fears, phobias, or situations that cause anxiety or fear (e.g., thunderstorms, separation, loud noises):

Is your pet prone to diarrhea with stress? ☐ Yes ☐ No

If yes, how do you treat the diarrhea?



Is your pet a finicky eater and/or prone to not eating when stressed? ☐ Yes ☐ No

If yes, any suggestions for improving appetite or decreasing stress during their stay?

Has your pet ever shown aggression? ☐ Yes ☐ No

If yes, check applicable situations:

- ☐ With strangers ☐ With other dogs ☐ Around food ☐ Around toys ☐ Hugging
- ☐ Touching while sleeping ☐ Touching ears/paws/collar ☐ Removing leash
- ☐ During handling or grooming ☐ None ☐ Other: _____

Has your pet ever bitten a person? ☐ No ☐ Yes

If yes, did the bite require medical care? ☐ No ☐ Yes

Has your pet ever bitten another animal? ☐ No ☐ Yes

If yes, did the bite require veterinary care? ☐ No ☐ Yes

Have you ever boarded your pet before? ☐ No ☐ Yes

If yes, please describe the experience:

Please provide any additional information you wish us to know about your pet:

