



Tail Country Pet Resort, LLC

Guest Information

Pet Parent Information:

	Primary Contact:	Secondary Contact:
Name(s):	_____	_____
Phone Number:	_____	_____
Email Address:	_____	_____

Address: _____
City, St, Zip: _____

Closest Emergency Contact: **(Cannot be the owners of the dog)**

Name(s): _____
Phone Number: _____

People Authorized to pick up your pet if you cannot:

Name(s): _____

Veterinarian Information:

Name(s): _____
Address: _____
City, St, Zip: _____
Phone Number: _____

Vaccinations REQUIRED: Bordetella, Distemper/Parvo, Rabies, and a Negative Fecal Exam within the last 12 months.

The latest copy from Veterinarian needs to be emailed: dogsrule@tailcountrypetresort.com or mailed or brought to Resort no less than one week before guest arrives.

Where did you hear about Tail Country Pet Resort?

[] Website [] Facebook [] Veterinarian [] Groomers [] Pet Store [] Friend [] Other

If Other explain: _____

Dog Information:

Name: _____
Breed: _____
Sex: ☐ Male ☐ Female
Neutered/Spayed: ☐ No ☐ Yes
Approx. Weight: _____
Color/Markings: _____
Approx. Birth Date: _____
Microchip#: _____

Dog's Medical Information:

Any medical issues we should know about?

Any allergies: ☐ No ☐ Yes, explain _____

Is your dog on any medications? ☐ No ☐ Yes

If Yes, what medication(s), dose & frequency:

<u>Medication Name & Reason:</u>	<u>Amount:</u>	<u>Frequency</u>
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- 1.
- 2.
- 3.
- 4.

List specific food allergies: _____

Any recent injuries or illness: ☐ No ☐ Yes, explain _____

Is your dog on heart worm prevention? ☐ No ☐ Yes, Brand: _____

Is your dog on any flea/tick prevention? ☐ No ☐ Yes, Brand: _____

Does your dog have any physical limitations? ☐ No ☐ Yes,
(please list, i.e. arthritis, blind, deaf) _____

Does your dog have any history of seizures? ☐ No ☐ Yes

Feeding Instructions:

- Please bring your dog's food in individual bags so we know the exact portion size to give during feedings. Mark your dog's name on each bag.
- Please bring any treats you normally feed your dog and mark your dog's name on the bag.

Does your dog have any dietary restrictions? ☐ No ☐ Yes

If Yes, Explain: _____

When do you typically feed your dog?

Time & Amount: _____ Breakfast _____ Lunch _____ Dinner _____

Brand and kind/flavor: _____

Treats, Amount: ☐ AM ☐ Mid-Day ☐ PM ☐ Anytime

Brand: _____

Any other feeding instructions we should know about? ☐ No ☐ Yes

Behavior History:

Is your dog well socialized with other dogs? ☐ Yes ☐ No Explain:

Has your dog ever growled at a person or other animal? ☐ No ☐ Yes Explain:

Circle things your dog exhibits:

Excessive Barking	Fearful or Shyness	Jumping
Eating non-food items	Problems being crated	Digging
Tugging/pulling on leash	Chewing	Aggression
Aggression w/ other dogs	Excitement urination	Running Away

List any other behavior issues we should know about:

Bathroom Habits: What does your dog respond to when taking them out to the bathroom?
(i.e.) Go Potty, Go Pee Pee) _____

Does your dog observe resource guarding of toys and/or food? ☐ No ☐ Yes

Has your dog ever had obedience training? ☐ No ☐ Yes

Circle the commands your dog knows: sit stay leave it come

Does your dog play with toys? ☐ No ☐ Yes

Is your dog frightened of any certain noises, people other dogs? ☐ No ☐ Yes

If Yes, Explain: _____

If required, please bring your dog's Thundershirt®.

Is your dog social with men & women?

[] Yes [] No Explain:

Has your dog ever bitten a person or other animal?

[] No [] Yes Explain:

Has your dog ever climbed or jumped a fence?

[] No [] Yes Explain:

Does your dog go in/out of their crate easily?

[] Yes [] No Explain:

Does your dog resist when putting on/off their collar or harness?

[] No [] Yes Explain:

My dog is usually (circle what applies): Shy Mellow Friendly Active Aggressive

If aggressive, list instances and explain:

Circle your dog's energy level: Low Medium High

I certify that this information is correct to the best of my knowledge,

(Dog Owner's Signature) Date: _____

(Dog Owner's Name – PLEASE PRINT)

Reviewed by Tail Country Pet Resort, LLC Staff Member Date: _____