



## Guest Profile

Today's Date: \_\_\_\_\_ How did you find out about us? \_\_\_\_\_

Owner #1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner #2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Vet Clinic Name: \_\_\_\_\_ Vet Clinic Phone Number: \_\_\_\_\_

### BOARDING/PET INFO:

Check-in Date: \_\_\_\_\_ Time: \_\_\_\_\_ Check-out Date: \_\_\_\_\_ Time: \_\_\_\_\_

**PET NAME:** \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

**PET NAME:** \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

**PET NAME:** \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

**PET NAME:** \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

### CARE INFORMATION

Feeding Schedule: \_\_\_\_\_ Brand of Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Special Needs or Requests: \_\_\_\_\_

Have you had your pet since a puppy? \_\_\_\_\_ If no, how long have you had your pet? \_\_\_\_\_

Has your pet been boarded or gone to doggie daycare? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Is your pet well socialized with other pets? \_\_\_\_\_ If yes, explain? \_\_\_\_\_

Does your pet have separation anxiety? \_\_\_\_\_ If yes, explain? \_\_\_\_\_

Is your pet possessive of toys, food, other dogs or people? \_\_\_\_\_ If yes, explain? \_\_\_\_\_

Has your pet ever bitten another dog or person? \_\_\_\_\_ If yes, explain? \_\_\_\_\_

Does your pet have allergies? \_\_\_\_\_ If yes, explain? \_\_\_\_\_

Is your pet on flea and tick preventative? \_\_\_\_\_ When was the last treatment? \_\_\_\_\_

Is your pet a fence jumper or climber? \_\_\_\_\_ If yes, explain? \_\_\_\_\_

When your pet is taken on a walk, can they be off leash? \_\_\_\_\_

Does your pet exhibit fear and/or anxiety from any of the following? (Mark all that apply)

- |                                       |                                      |                                  |                                |                                    |
|---------------------------------------|--------------------------------------|----------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Thunderstorm | <input type="checkbox"/> Loud noises | <input type="checkbox"/> Kennels | <input type="checkbox"/> Men   | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Fireworks    | <input type="checkbox"/> Hats        | <input type="checkbox"/> Cages   | <input type="checkbox"/> Women | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Gun shots    | <input type="checkbox"/> Clothing    | <input type="checkbox"/> Dogs    | <input type="checkbox"/> Kids  |                                    |

**Vaccines Required for Daycare and Boarding:** Rabies, Distemper, Bordatella

*If the Bordatella shot is expired or never been given, you are not cleared for daycare or boarding for 10 days after shot has been given.*

**Vaccination records can be emailed:** [Boardinghq@gmail.com](mailto:Boardinghq@gmail.com)

**Tails & Trails Pet Boarding and Daycare,** 3073 South County Road 45, Owatonna, MN 55060  
(507)456-7821 [www.tailsandtrailsboarding.com](http://www.tailsandtrailsboarding.com) [BoardingHQ@gmail.com](mailto:BoardingHQ@gmail.com)