Pack Registration Form

Client– Single Pet

Client Number:
(Staff to complete)

Clan Last Name:

Pet Name 1:

Pet Type:

RUFF TRAILS REGISTRATION FORMS

WELCOME!

We are delighted to welcome you to our pack!

This booklet serves as your pet's registration with our organisation. Upon submission, we will approve your membership request on our website. This grants you access to the members' portal where you can manage bookings, view purchases, check member details and update your pet's information as needed. Once registered, you'll receive a unique client number that links to all pets under your care.

When booking our different services for the first time, we may need further information to customise our offerings. Should your pet's circumstances change, please inform us promptly to maintain accurate service records. Please note that the business may modify these forms at any time. We'll notify you if any changes apply to you. To add new pets in the future, simply contact us.

Completing this document

- For electronic completion, save a copy of the form, from the website to your desktop, open the PDF in Adobe and utilise the "Fill & Sign" feature in PDF. Email the completed form to rufftrailsenquiry@gmail.com

- For physical completion, we can provide the form at your initial meet and greet. This needs to be completed and emailed to the office (rufftrailsenquiry@gmail.com) prior to the first booking. We will collect the physical copy at your first service.

This Document includes:

- Member Profile: Page 3 + 4

- Vet Release Form: Page 5

- Pet Profile 1: Page 6 - 9

Member Profile

This form outlines the details of the primary caregivers of the relevant pet.

General Information

Client First Name: _____ **Client Last Name:** _____

Contact Email: _____

Home Number: _____ **Mobile Number:** _____

Primary Home Address: _____

_____

Suburb: _____ **Postcode:** _____

Secondary Home Address: _____

_____

Suburb: _____ **Postcode:** _____

Emergency Contact Numbers- *for use in pet sitting/other services when you are away/uncontactable.*

Contact 1 _____

First Name: _____ **Last Name:** _____

Email: _____

Phone Number: _____

Relationship: _____

Contact 2 _____

First Name: _____ **Last Name:** _____

Email: _____

Phone Number: _____

Relationship: _____

Member Unique Questions

Simple questions to get to know you as the client a bit better. We are aiming to identify your learning preferences!

This section is relevant for clients utilising or who might utilise our Training, Behaviour and Guardianship programmes.

What are your favourite Hobbies?

_____

_____

_____

_____

_____

_____

What are your preferred methods for learning?

- Visual learning (learning through seeing)
- Auditory learning (learning through listening)
- Kinesthetic Learning (Learning through doing)
- Written Learning (learning through reading)

If you are unsure, you can check! VARK Questionnaire: How do you learn best?

Medical Care Vet Release Form

During Ruff Trails services, if a medical emergency arises, we'll transport your pet to the veterinarian and contact you immediately. This authorisation enables us to seek veterinary care until you or a family member can attend.

Pet Owner Name: _____

Address: _____

Home phone: _____ Mobile phone: _____

Pet Information

Name: _____ Breed: _____ Age: _____

Primary Veterinary Information

Practice name: _____

Veterinarian Name: _____

Address:

_____

_____

_____

Phone number: _____

I, _____ (pet owner) hereby authorise Ruff Trails staff to transport my pet/s to the above veterinary practice. In other circumstances treatment can be sought as needed from Gordon Vet Hospital, the nearest SASH facility or nearest emergency vet . I authorise veterinarians at these facilities to provide necessary care and medication until I can be reached for further consultation. I accept full financial responsibility for all veterinary services rendered. I confirm that I shall inform my primary veterinarian of this authorisation granted to Ruff Trails.

Signature: _____ Date: _____

Client Name: _____

Pet Profile #1

This form outlines your primary pets' personal, health & behavior information. Some questions may not apply depending on pet type.

Please include all relevant information, even if previously discussed during pre-registration consultations or calls.

Pet NAME: _____

General Information:

Pet Type: _____ **Breed:** _____ **Sex**: Male / Female

Birth Date: ___/____ / ____ **Age:** _____ **Colour:** _____

Desexed: Yes / No **Weight:** _____ **Microchipped:** Yes / No

Years as part of family: _____ **Place of Adoption:** _____

Allergies: *Yes / No (If yes, detail allergy in dietary conditions on page 2)*

Diet: *Dry Kibble / Canned Food / Raw Meat Diet / Home Cooked / Prepackaged Fresh Pet Meal Brands* / Other / Cat Milk / Fish Food / A reptile Diet / Veg diet (rabbits) / Chicken feed

Vaccination, worm, tick, and flea treatments are up to date prior to service dates – we will assume. this always. Please tick this box to show you have read and agreed to this. ☐

Flight Risk off Lead: Low / Medium / High

Personality/Behavior temperament: Calm / Nervous / Aggressive / Fearful / Excitable / Dependent

Favourite Treats:

Favourite Game:

Favourite Food:

Favourite Toy:

Medical/ Allergy/ Dietary Conditions: _____

Any allergies? Yes / No

Any Dietary conditions? Yes / No

Any Medical Conditions? Yes / No
If yes, please detail each on the next page.

Medical/ Allergy/ Dietary Condition 1 - Name: _____

Treatment: _____
_____
_____

Medication Name: _____
_____

Special Notes- Comments regarding the conditions: Symptoms, when they started, etc.
_____
_____
_____

Medical/ Allergy/ Dietary Condition 2 - Name: _____

Treatment: _____
_____
_____

Medication Name: _____
_____

Special Notes- Comments regarding the conditions: Symptoms, when they started, etc.
_____
_____
_____

Medical/ Allergy/ Dietary Condition 3 - Name: _____

Treatment: _____
_____
_____

Medication Name: _____
_____

Special Notes- Comments regarding the conditions: Symptoms, when they started, etc.
_____
_____
_____

Behavioural History: _____

Have any Incidents occurred? *Incidences refer to nuisance, unwanted, unsafe or fixation behaviors, or nipping, biting, dog fights, and over threshold reactivity etc.*

Yes / No

Frequency of behaviour occurrences: Rarely / Common / Always on Alert

Bite History? Yes / No

Pet Dislikes/Triggers – *Pet Dislikes/Triggers – tick box, add additional dislikes/triggers in blank spaces. These are known factors that may cause discomfort, anxiety/fear, excessive focus, or unwanted behaviours such as reactivity, barking, or lunging.*

☐Motorbikes ☐Strangers ☐Other dogs ☐Kids ☐Other family pets ☐Birds

☐Being handled. ☐Heat ☐Bicycles/skateboards ☐Cold Weather ☐Strangers Pets

☐Being Left alone. ☐Storms ☐Driving in Car ☐Motor-vehicles ☐Loud Sounds ☐Bunnies.

☐Hi Vis clothes (or mailman) ☐ Old People

Add additional Dislikes/Triggers not listed above:

☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐

Expand and provide further key information on behaviour:

THANK YOU!