



## Registration Form

### Client - Multi Pet

Client Number:

*(Staff to complete)*

Clan Last Name:

Pet Name 1:

Pet Type:

Pet Name 2:

Pet Type:

Pet Name 3:

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](mailto: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](mailto: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
- Pet Profile 2: Page 10 - 13
- Pet Profile 3: Page 14 - 17



# 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?**

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### **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: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

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:

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**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:**

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**Medication Name:**

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

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### ***Medical/ Allergy/ Dietary Condition 2 - Name:***

**Treatment:**

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**Medication Name:**

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

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**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:**

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THANK YOU!



## Pet Profile #2

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:**

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**Medication Name:**

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

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### **Medical/ Allergy/ Dietary Condition 2 - Name:**

**Treatment:**

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**Medication Name:**

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

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**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

Multi: Registration Forms

Ruff Trails – ABN 67 429 934 923

rufftrailsenquiry@gmail.com

Documents Last Review Date: 06/01/2025



A 3x5 grid of question marks. The grid consists of 15 squares, each containing a question mark. The squares are arranged in three rows and five columns. The first row has five question marks, the second row has five question marks, and the third row has five question marks.

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THANK YOU!

# Pet Profile #3

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:**

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**Medication Name:**

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

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### **Medical/ Allergy/ Dietary Condition 2 - Name:**

**Treatment:**

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**Medication Name:**

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

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**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

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[illegible]

\_\_\_\_\_ I THANK YOU! \_\_\_\_\_