



Client Form

Pack Registration- Single 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're delighted to welcome you to our pack!

This booklet serves as your pet's registration with our organisation. Upon completion and submission, we'll 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 various services for the first time, we may need specific details 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 additional information is required. For registering new pets in the future, simply contact us.

For electronic completion, utilise the "Fill & Sign" feature in PDF. Please provide a physical copy during the Meet & Greet or email it to rufftrailsenquiry@gmail.com.

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- Vet Release Form: Page 4
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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: _____

Ruff Trails Unique Questions

Simple questions to get to know you better and identify your learning preferences!

This section is particularly relevant for clients utilising our Training, Behaviour and Guardianship programmes.

What are your favourite Hobbies?

What are your preferred methods for learning?

- Visual learning (learn through seeing)
- Auditory learning (learn through listening)
- Kinesthetic Learning (Learn through doing)
- Written Learning (learn 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 when you're unavailable during any of our services

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 veterinary practice. In other circumstances treatment can be sought at Gordon Vet Hospital, the nearest SASH facility or nearest emergency Vet if necessary. 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.



Medical/ Allergy/ Dietary Condition 4 - Name: _____

Treatment: _____

Medication Name: _____

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

Medical/ Allergy/ Dietary Condition 5 - Name: _____

Treatment: _____

Medication Name: _____

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



Behavior 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

Pet Profile #2

This form outlines your secondary 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.



Medical/ Allergy/ Dietary Condition 4 - Name: _____

Treatment: _____

Medication Name: _____

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

Medical/ Allergy/ Dietary Condition 5 - Name: _____

Treatment: _____

Medication Name: _____

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



Behavior 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.

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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: _____

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.



Medical/ Allergy/ Dietary Condition 4 - Name: _____

Treatment: _____

Medication Name: _____

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

Medical/ Allergy/ Dietary Condition 5 - Name: _____

Treatment: _____

Medication Name: _____

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



Behavior 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..

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

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THANK YOU!

At Ruff Trails, we prioritise your pets' well-being, which is why registration is essential. Our aim is to gather comprehensive information to deliver personalised care tailored to your pets' unique needs.

To initiate your journey with us, all new clients must complete this registration booklet. Upon submission, we'll approve your membership request on our website, granting access to our exclusive members' portal. Here, you'll have the flexibility to manage bookings, view shop orders, access member details and keep your pet's information current. You'll receive a unique client number, linking all your registered pets. Should you wish to add another pet in the future, simply inform us.

For first-time service bookings, we may request specific details to further customise our offerings. Please keep us informed of any changes in your pets' circumstances to ensure our records remain precise for optimal service delivery. Please note that the business reserves the right to modify these forms at any time, and we'll notify you if additional information is required.

For electronic completion, please utilise the "Fill & Sign" feature in PDF format. Once completed, kindly provide a physical copy during the Meet & Greet session or email it to rufftrailsenquiry@gmail.com.

WELCOME TO THE PACK!