

# OWNER AND PET INFORMATION PET PROFILE

## **OWNER INFORMATION** Given Name: Surname: Address: Mobile number: **Email Address:** Emergency contact: (Other than owner) Name: Mobile Number: PET INFORMATION AND PROFILE Name: Breed: Colour and markings: Sex: Male: Entire Male: Neutered Female: Sterilised Female: Entire *If entire: Date of last season:* Please refer to our Terms & Conditions regarding the acceptance of non-desexed dogs. Weight: Age:

Birth date:

| Microchip number:   |                                    |   |  |  |     |
|---|------------------------------------|---|--|--|-----|
| Date of last C5 vaccination:  |                                    |   |  |  |     |
| All dogs must be fully vaccinated wit<br>time at Khatala Pet Lodge. <b>All vacci</b><br><b>to arrival</b> . Written proof of vaccinat<br>compliant vaccination records will be<br>forfeited. Please see our Terms and G | <b>nation</b><br>tion m<br>e refus | <b>is must be up t</b> oust be provided<br>ust be provided<br>sed entry and a | <b>o date a</b><br>l before<br>ny depo | t least 14 days prid<br>arrival. Dogs with o<br>sit paid will be | or  |
| Flea/tick management program:   |                                    |   |  |  |     |
| Date of last flea/tick treatment giver  | ı:                                 |   |  |  |     |
| All dogs must arrive <b>flea-free</b> and be before arrival at the Lodge, unless the monthly flea-prevention program.   |                                    | •                                       | -                                      |  | ıct |
| Is your pet currently flea free? Yes  | N                                  | o   |  |  |     |
| Intestinal worm prevention program  | m:                                 |   |  |  |     |
| Date of last treatment:   |                                    |   |  |  |     |
| MEDICAL INFORMATION   |                                    |   |  |  |     |
| Does your dog suffer from any me  | dical                              | condition: (ple   | ease tici                              | k any relevant box   | es) |
| Diabetes  |                                    | Kidney  |  | Joint problems   |     |
| Seizures  |                                    | Thyroid   |  | Ear problems   |     |
| Heart condition   |                                    | Arthritis   |  |  |     |
| Any other medical condition   |                                    |   |  |  |     |
| If yes, please provide more detail:   |                                    |   |  |  |     |

| Does your dog suffer from any of the follo  | wing:        |                     |  |  |  |  |
|---|--------------|---------------------|--|--|--|--|
| Recent illness  | Yes          | No                  |  |  |  |  |
| Allergies   | Yes          | No                  |  |  |  |  |
| Skin condition  | Yes          | No                  |  |  |  |  |
| Old or current injuries   | Yes          | No                  |  |  |  |  |
| Difficulty or restrictions with movement  | Yes          | No                  |  |  |  |  |
| If you have answered yes to any of the abo  | ve, please p | rovide more detail: |  |  |  |  |
|   |              |                     |  |  |  |  |
|   |              |                     |  |  |  |  |
| What restrictions, if any, need to  | be placed    | on your dog's       |  |  |  |  |
| activities and movements?   |              |                     |  |  |  |  |
| No jumping  |              |                     |  |  |  |  |
| No running  |              |                     |  |  |  |  |
| No hard play  |              |                     |  |  |  |  |
| No contact with dogs  |              |                     |  |  |  |  |
| None  |              |                     |  |  |  |  |
| Other (please specify)  |              |                     |  |  |  |  |
|   |              |                     |  |  |  |  |
| Is your dog on any medication? Yes N  | 0            |                     |  |  |  |  |
| Please complete the <b>Medication Instruction Form on Page 9</b> , including specific <b>AM and PM dosage details</b> so we can administer your dog's medication safely and accurately. |              |                     |  |  |  |  |
|   |              |                     |  |  |  |  |

All medications must be supplied in their **original veterinary packaging with dosage instructions** as prescribed by the treating veterinarian.

Please ensure enough medication is packed to cover the entire stay.

| VETERIN      | Α                   | RY   | IN | JI | FΩ | R | M    | A | TI | O | N  | I |
|--------------|---------------------|------|----|----|----|---|------|---|----|---|----|---|
| V E I EIXIIV | $\boldsymbol{\Box}$ | 1111 | 11 | ч. | ľ  |   | 1141 | л |    | v | 1. |   |

| Veterinary Hospital:  |
|-----------------------|
| Name of Veterinarian: |
| Address:              |
| Telephone number:     |

#### **DINING**

- All guests are fed twice per day (unless requested otherwise) and have the choice between Premium Black Hawk biscuits (Chicken and Rice flavour) OR Grain Free Ivory Coat biscuits (Lamb and Sardine flavour).
- Premium Prime100 Single Protein roll (Turkey and Flaxseed OR Kangaroo and Pumpkin) is served in combination with Black Hawk or Ivory Coat biscuits.
- Steamed vegetables (mix of pumpkin, sweet potato & carrots) are also available.
- Owners are welcome to provide their dogs' own food should they be on a specific diet.

### NAME OF FOOD BRAND FED AT HOME

Name:

Diet at home mostly: Wet Dry Both

**FEEDING TIMES** 

Morning only Evening only Twice a day

### FOOD ALLERGIES OR SENSITIVITY TO ANY FOOD TYPES

Yes No

If yes, please provide more detail:

#### ARE YOU PROVIDING YOUR OWN FOOD?

Yes No

All food provided must be packed in sealed, clearly labelled containers - either

- individual portions (e.g. Zip-Lock bags/tupper) or
- sealed container with a scoop

Please ensure enough food is supplied to cover the entire stay.

### SPECIAL REQUESTS OR PROCEDURES FOR FEEDING

Yes No

*If yes, please provide more detail:* 

## Please complete the Feeding Instruction Form on Page 9 with your dog's AM and PM feeding details.

### **PET BEHAVIOUR**

Has your dog attended a boarding facility before? Yes No *If yes, please describe the experience:* 

Is your dog toilet trained? Yes No

Has your dog had any obedience training? Yes No *If yes, please provide more detail:* 

Is your dog socialised with other dogs and other people? Yes No

How often does your dog socialise with other dogs and other people?

Has your dog ever bitten or reacted to another dog in any way? Yes No *If yes, please provide more detail:* 

List any breed or colour dog your dog is not comfortable with:

Does your dog attend an off leash park. Yes No

If no, please provide more detail:

| How does your dog i                              | react t          | to high energy dogs?               |         |  |              |
|--|------------------|------------------------------------|---------|--|--------------|
| Is your dog shy/fearf If yes, please provide     |                  | ound unfamiliar dogs? Y<br>detail: | es      | No   |              |
| Has your dog ever be                             | een bi           | tten/pinned/frightened             | by and  | other dog or incident?   |              |
| Yes No   |                  |                                    |         |  |              |
| If yes, please provide                           | more             | detail:                            |         |  |              |
| How does your dog                                | react            | to new people?                     |         |  |              |
| Has your dog ever b                              | itten            | a familiar or unfamiliar           | persor  | n?   |              |
| Yes No   |                  |                                    |         |  |              |
| If yes, please provide                           | more             | detail:                            |         |  |              |
| households unless sta<br>Please note: We still i | ff dec<br>requir | ide it is both appropriate         | e and s | e <b>t play between dogs</b> from<br>afe.<br>ad comfortable around oth |              |
| PET PERSONALIT                                   | Y AN             | D BEHAVIOUR TRAI                   | TS      |  |              |
| How would you desc<br>boxes:                     | cribe y          | our dog's personality ar           | nd beh  | avior traits? Please check   | all relevant |
| Outgoing   |                  | Affectionate                       |         | Urinating or Marking   |              |
| Introverted                                      |                  | Separation Anxiety                 |         | Mounting other dogs  |              |
| Nervous  |                  | Protective                         |         | Mounting people  |              |
| Reserved   |                  | Mouthy                             |         | Mounting objects   |              |
| Playful  |                  | Fence Jumper                       |         | Digging  |              |
| Excitable  |                  | Chewer                             |         | Possessive of toys   |              |
| Defiant  |                  | Barker                             |         | Possessive of food   |              |
| Howler   |                  |                                    |         |  |              |

If you have ticked **Separation Anxiety**, please explain your dog's behaviour.

Please note, dogs with a **history of escaping or fence-jumping** cannot be accepted.

How do you correct negative behaviour?

Does your dog display fear or anxiety in specific situations (e.g. thunderstorms, loud noises,

Yes No

*If yes, please provide more detail:* 

Does your dog display any unusual behaviour, especially when feeling stressed, anxious, or unsettled?

Yes No

If yes, please provide more detail:

### Dog activity level

Low Medium High

Please list any areas your dog is **uncomfortable** being handled (e.g. ears, collar, tail, paws, etc).

### **Favourite toys**

Please list your dog's favourite toy/s:

### Favourite game

Please describe your dog's favourite game:

|  | Specific | commands | or cu | ies you | r dog | resp | onds | to |
|--|----------|----------|-------|---------|-------|------|------|----|
|--|----------|----------|-------|---------|-------|------|------|----|

Sit Drop Stay Come

or any other commands?

Please share any additional details or special notes about your dog that will help us provide a safe, familiar, and enjoyable boarding experience.

## **Feeding & Medication Instructions**

Please complete the form below with your dog's specific **AM and PM feeding** instructions, indicating whether you are using **Khatala's menu options, your own food, or a combination of both.** 

Khatala menu options include:

- Premium Black Hawk biscuits (Chicken & Rice flavour), or
- Grain Free Ivory Coat biscuits (Lamb & Sardine flavour),
- served with Premium Prime100 Single Protein Roll (Turkey & Flaxseed) or (Kangaroo & Pumpkin),
- plus optional **steamed vegetables** (mix of pumpkin, sweet potato & carrots)

| FOOD AM | FOOD PM |
|---------|---------|
|         |         |
|         |         |
|         |         |
|         |         |
|         |         |

Please complete the form below, providing clear **AM and PM dosage details** so we can administer your dog's medication safely and correctly.

| MEDICATION AM | MEDICATION PM |
|---------------|---------------|
|               |               |
|               |               |
|               |               |
|               |               |
|               |               |
|               |               |