

ADDITIONAL PET DETAILS / PROFILE

ADDITIONAL Pet - N0: Owner's Given Name: _____ Surname: _____

PACKAGE TYPE (please select) Bed & Breakfast Platinum Platinum Plus

Pet's Name: _____ Dog Cat Primary Breed: _____ Colour/s _____

Sex: Male Female Desexed **Weight:** _____ kg

Age in years _____ **OR** Date of birth: ____/____/____ How long have you had this pet? _____

Pet is from: Breeder Pet Shop Rescue Other: _____

Vaccination type (min. C5-dog / F3-cat): _____ Vaccination given on: ____/____/____

If vaccination **less than 14 days ago**, date of previous vaccination: ____/____/____

Veterinary Grade Parasite Prevention Yes No: If Yes *suggest bring product box, and/or receipts to assist as *Whitsunday Pet Resort prides itself in being a parasite free zone.* Thank you.

* Flea & Tick Yes No- Product Name: _____ Last given: _____

* Intestinal Worm Yes No- Product Name: _____ Last given: _____

Heart Worm Yes No- _____ taken: Daily Weekly Monthly Annual

Profile: Attributes

- Fence climber
- Digger
- Jumps
- Protective
- Mouthy
- Fear of noise/thunder
- House / litter trained
- Obedient
- Afraid of people
- Barks excessively
- other _____

Personality

- Outgoing
- Verbally sensitive
- Timid
- Affectionate
- Pushy
- Aggressive
- Excitable
- Playful
- Independent
- Responsive

Behaviour

- Will bite
- May bite
- Growls
- Snaps
- Shows teeth
- Freezes
- Trembles
- Moves away
- Jumps up for a pat
- Perfect Pet ☺

My Pet

Hugs

Being touched on collar

Getting brushed

Other dogs/cats

Being touched on ears

Being touched on paws

Being touched on tail

Being picked up

Being touched on mouth

Being touched while asleep

Getting brushed

Retrieving a ball

Recalling when called

other _____

Likes

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Dislikes

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Does your pet engage in any unusual or repetitive behaviour? Yes No

If yes, please explain: _____

Has your pet ever bitten a person? Yes No

Has your pet ever bitten another dog or animal? Yes No

Does your pet chew or damage property? Yes No

If yes to any or all of the above 3 questions, please explain: _____

Does your pet suffer from:

N/A **HEALTHY PET** Heart Disease Respiratory Disease Seizures Allergies

Arthritis Loss of Vision Deafness Other / comment: _____

Please provide name & frequency of current veterinary approved medication to be given or applied: _____

Your pet's **favourite game or anything else** we should know: _____

Signed by Owner/Proxy Owner/ Agent /or owner's Representative (n/a-strike out)

.....Date:.....Time:.....AM/PM

Please print, scan & email info@whitsundaypetresort.com.au or fax to 07 4948 3319

07/2014