



Waggin' Tails Pet Ranch New Client Information

Owner Information	
Name:	Home Phone:
Address:	Work Phone:
City, State, Zip	Cell Phone:
Veterinarian Clinic:	Cell Phone:
Veterinarian Phone:	Email Address:
Who may we thank for referring you?	

Pet Information					
1 st Pet Name:		2 nd Pet Name:		3 rd Pet Name:	
Breed:		Breed:		Breed:	
Color:		Color:		Color:	
Birth date:		Birth date:		Birth date:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered or Spayed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered or Spayed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered or Spayed? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any pre-existing conditions, behavior problems, specials needs or medications for your pet(s):					

Let Us Know A Little Bit About Your Pet:
Is your pet on flea prevention/control? _____ <div style="font-size: small; text-align: center;"> **We reserve the right to treat any pet that has fleas. We strongly recommend flea & tick prevention. We are a ranch & can't completely control outside areas. All dogs need their own prevention. ** </div>
Has your pet ever bitten anyone? If yes, explain:
Has your pet ever shown any aggression? If yes, explain:
Is your pet afraid of storms, fireworks, or other?
Does your pet like other dogs?
Does your dog try to climb fences, dig out, open gates, etc?

What activities would you like your pet to participate in? (THERE IS NO EXTRA CHARGE FOR THESE) <ul style="list-style-type: none"> <input type="checkbox"/> Play Time : outside time for off leash fun (staff member will play with them) <input type="checkbox"/> Pats & Hugs: one on one time with staff <input type="checkbox"/> Woof-N-Wade: swim time at the watering hole <input type="checkbox"/> Yappy Hour: afternoon fun with other social dogs (Not for dogs that don't like other dogs. Must be temperament tested before the first time.)
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PLEASE FAX THIS FORM TO: (281) 533-0501 OR EMAIL TO: info@waggingtailspetranch.com