



1625 E. Osborn Rd • Phoenix, AZ 85016

TEL: 602.265.8245 • FAX: 602.265.8246

www.tailwindsaz.com

PET PROFILE FORM

Please fill out the following form in its entirety for our records. Feel free to fax completed form to (602)265-8246, email to info@tailwindsaz.com or drop off at the front office. Thank you!

Owner Name			Pet Name				M	F
							Sex	
Dog?	Cat?	Birthday/Age	Weight	Neutered?	Spayed?	When?		
Breed			Color/Markings					
Veterinarian or Clinic Name			Veterinarian or Clinic Phone					

PET FOOD

Please note that our house food is Maei Pet Nutrition, www.maeipet.com, 1-877-393-6234

Tailwinds OR Home Food	Morning Quantity	Evening Quantity	Other
Known Food Allergies		Do Pet(s) have to be separated for feeding?	
Are treats ok?		If yes, are there exceptions?	

MEDICAL CONDITIONS/ _____ Check here if none.

Please list your Pet's physical limitations (e.g. arthritis, blind, deaf, ligament repairs, etc.)

Has your pet had any surgeries we should know about?

Has your Pet been diagnosed with any chronic (long-term or life-time) medical condition? (e.g. thyroid disease, diabetes, allergies, etc.). If yes, please list.

Medication List for Chronic (long-term or life-time) Conditions

**Medication for acute (short-term) conditions should be listed on the Reservation Request form (e.g. antibiotics, ear infection ointment, etc.). Note that your pet may require non-prescribed medication such as; anti-histamine, anti-diarrheal, buffered aspirin, anti-biotic ointment during their stay. Tailwinds will administer as necessary.*

Medication/ Name	AM Dose / PM Dose	Administration Method	Treatment For
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Do you administer a monthly flea/tick preventative? YES NO If no, your pet is at risk of contracting ticks during their stay.

Administer a monthly heartworm preventative? YES NO If no, your pet is at risk of contracting heartworms.

PET SEIZURES YES NO

If yes, is your Pet on medication to control seizures? What medication?

Is there anything you know that will trigger them?

If the seizure is not grand mal, how will we recognize it is occurring?

How does your Pet behave during a seizure (e.g. does it try to bite)?

_____ How often do they occur? _____ How do you care for your Pet once the seizure is over?

PET INFORMATION

_____ Have you had your Pet since it was a puppy/kitten? _____ How long have you had your Pet?

Where did you get your Pet? (Adopted; Breeder, Pet Store, etc.). If adopted, please provide history.

PET BEHAVIOR

Does your Pet socialize regularly with other Pets? If yes, in what environment?

How does your Pet respond with other pets in your household?

How does your Pet respond when meeting another pet?

Does your Pet show any aggression when on a leash?

How does your Pet respond when meeting a stranger in your home?

How does your Pet respond when meeting a stranger on walks?

Does your Pet show any aggression when playing with toys alone or with other pets?

Does your Pet show any aggression with food when any people are around or when other pets are around?

Is your Pet known to show cage aggression?

Does your Pet have any sensitive areas that may cause it to snip or bite (e.g., collar, ears, tail, hips, feet)?

Has your Pet shown any fear or aggression towards: Any noise Actions Hats Men Kids Other breeds
If yes, please explain.

Would you describe your pet as being aggressive or just rowdy?

PET EXPERIENCES

Has your Pet ever bitten a person? If yes, please explain.

Has your Pet ever bitten another pet or animal? If yes, please explain.

Has your Pet ever been bitten or attacked by another pet or animal? If yes, please explain.

Does your Pet jump fences? Max height? Does your Pet eat rocks? Does your Pet dig?

Has your Pet ever suffered from Canine Bloat, or any other digestive condition? If yes, please explain.

Is there anything else we should be aware of regarding your Pet?