



When you hit the trails, Call Texas Tails!
Insured and Bonded

Owner: _____

Pet's Name: _____ Age: _____ Breed: _____

Feeding Instructions: _____

Pet's Name: _____ Age: _____ Breed: _____

Feeding Instructions: _____

Pet's Name: _____ Age: _____ Breed: _____

Feeding Instructions: _____

Additional Pets: _____

Additional Instructions: _____

Feed apart from other pets/supervise Yes No

Dispose of uneaten food? Yes No

Remove food after ____ min or leave down

Are any pets food aggressive? Yes No

If so, which one(s): _____

Like/Dislikes/Fears/Habits: _____

Commands Your Pets Know: _____

Pet Medical History (ongoing or reoccurring illnesses/injuries, treatments and or medications):

Vet Name and Phone: _____

Notes: _____
