

ADDITIONAL PET

Pet's Name: _____ **Weight:** _____ **Age/DOB(if known):** _____

Primary Breed(s): _____ **Species:** _____

Sex: Male Female

Status: Neutered Spayed Unaltered

VETERINARIAN INFORMATION

If the pet above has the same vet info as your other pets, please indicate that below and continue to page 2

Veterinarian(s): _____

Clinic Name(s): _____

Address: _____

Telephone Number(s) & E-mail(s): _____

24-Hour Emergency Veterinarian(s)*: _____

Address: _____

Telephone Number: _____

If not completed AirBud & B, LLC will transport your pet to the nearest Emergency Veterinary Clinic

MEDICAL INFORMATION

Is your pet currently taking any medications? Yes No

**NOTE: IF YOU CIRCLED YES, YOU WILL NEED TO FILL OUT AND SIGN A
MEDICATION ADMINISTRATION FORM FOR EACH PET**

Has your pet been ill in the last 30 days? Yes No

Is your pet displaying any symptoms such as coughing, sneezing, or upset stomach? Yes No

Does your pet have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If yes, please explain _____

Does your pet have any physical or dietary restrictions? Yes No

If yes, please explain: _____

VACCINATION RECORDS

Please list the **current expiration dates** for the following vaccinations: (AirBud & B may complete once they've received **proof of current vaccinations from your veterinarian**). Bordetella vaccination must be administered at least 7 days prior to any services at AirBud & B; 3 days for nasal or oral vaccination.

DOG(S):

Rabies _____ DHLPP _____ Bordetella _____ CIV(optional) _____

CAT(S):

Rabies _____ FVCRP _____ FELV _____



741 Kimball Rd.
Fort Collins, CO 80521
Call or Text (970) 481-9834
www.AirBudandB-FoCo.com

Other information you'd like to provide us regarding your pet(s):

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the pet subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner/Guardian: _____

Date: _____/_____/_____