

ADDITIONAL PET

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

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

Sex: Female Male

Status: Spayed Neutered Unaltered

VETERINARIAN INFORMATION

If the pet above has the same vet info as your other pets 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 _____

PERSONALITY - K9

Please circle all answers that describe your dog's personality:

Affectionate Aggressive Clingy Confident Feisty Friendly Gentle Independent
Obedient Outgoing Playful Protective Reserved Submissive Timid

Please circle all answers that describe your dog's attributes:

Activity Level - High Activity Level - Low Activity Level - Moderate Active chewer
Barks excessively Biter Climbs fences Coprophagia (Eats feces) Excessive marking
Excessive mounting Food aggressive/possessive Herds Howls Separation anxiety
Toy aggressive/possessive Other: _____

Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Please circle all that apply when describing situations where your dog may become unfriendly:

Around children Around men Around women Being brushed Being hugged
Being removed from furniture Grabbing collar Meeting other dogs Meeting strangers
Being touched: Tail / Head / Ears / Rear end / Paws / Mouth / Lower back / While sleeping
Other: _____

Has your dog displayed any of the following reactions? (Please circle all that apply):

Freezes Growls May bite Moves away Snaps Shows teeth Trembles Will bite
Your dog plays best with: No Dogs Large Dogs Older Dogs Puppies Small Dogs

PERSONALITY - FELINE

Please circle all answers that describe your cat's personality:

Affectionate Aggressive Clingy Confident Feisty Friendly Gentle Independent
Obedient Outgoing Playful Protective Reserved Submissive Timid

Other: _____

Please circle all answers that describe your cat's attributes:

Activity Level - High Activity Level - Low Activity Level - Moderate
Fears loud noises Likes to scratch Meows excessively Separation anxiety Verbally sensitive

Other: _____

Please circle all that apply when describing situations where your cat may become unfriendly:

Meeting strangers Meeting other cats Around women Around men Around children
Being hugged Being brushed Being removed from furniture

Being touched: Tail / Head / Ears / Rear end / Paws / Mouth / Lower back / While sleeping

Other: _____

Has your cat displayed any of the following reactions? (Please circle all that apply):

Freezes Hides Hisses May bite Moves away Trembles Will bite

