



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

CLIENT UPDATE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Guest WiFi Login/Password: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those, other than yourself, whom are authorized to pick up your pet:

1.) Name: _____ Relationship: _____ Phone Number: _____

2.) Name: _____ Relationship: _____ Phone Number: _____

Veterinarian: _____

Clinic Name: _____

Address: _____

Telephone Number & E-mail: _____

24-Hour Emergency Veterinarian*: _____

Address: _____

Telephone Number: _____

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

PET GUEST INFORMATION UPDATE

Pet's Name: _____

Weight: _____ Age/Birthdate: _____

Circle where appropriate: Male Female
 Neutered Spayed Unaltered

MEDICAL UPDATES

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.

DOGS: Rabies _____ DHLPP _____ Bordetella _____ CIV _____

CATS: Rabies _____ FVCRP _____ FELV _____



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Flea preventative medication:

Name of brand used: _____ Date it was last given: ____/____/____

If AirBud & B finds evidence of fleas and/or ticks the pet owner will be contacted immediately and possibly treated at owner's expense.

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

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: ____/____/____