

DOG PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those whom are authorized to pick up your dog:

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

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

Veterinarian: _____

Clinic Name: _____

Address: _____

Telephone Number: _____

24-Hour Emergency Veterinarian*: _____

Address: _____

Telephone Number: _____

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

MEDICAL HISTORY

Is your dog 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 dog been ill in the last 30 days? Yes No

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

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

Does your dog have any physical restrictions while playing, or sensitive area(s) on the body? Yes No
If yes, please explain:

VACCINATION RECORDS

Please list the **current expiration dates** for the following vaccinations, and attach a copy from your veterinarian. (AirBud & B may complete once they've received proof of current vaccinations).

Bordetella vaccination must be administered at least 7 days prior to any services at AirBud & B; 3 days for nasal vaccination. CIV (Canine Influenza Virus-optional)

Rabies _____ Bordetella _____ DHPP _____ CIV _____

Is your dog currently on a flea/tick preventative medication? Yes No

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

PERSONALITY

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

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

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

Biter Climbs fences Howls Active chewer Barks excessively Likes to herd Low activity level

Toy aggressive Food/treat aggressive Separation anxiety Excessive marking

Excessive mounting Coprophagia (Eats feces) 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:

Grabbing collar Meeting strangers Meeting other dogs 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 dog displayed any of the following reactions? (Please circle all that apply):

Will bite May bite Growls Snaps Shows teeth Trembles Freezes Moves away

Your dog plays best with: No Dogs Large Dogs Small Dogs Older Dogs Puppies



741 Kimball Rd.
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Call or Text (970) 481-9834
www.AirBudandB-FoCo.com

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

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 dog 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: ____/____/____