

Uptown Pup New Client Information

Owner Name _____

Primary phone _____ Secondary phone _____

Emergency contact name & number _____

Address _____ City, State, Zip _____

Email address _____

Doggie Name _____ Breed _____

Gender: Male / Female

Status: Spayed / Neutered / Unaltered

Coat color/markings _____ Approx. weight _____

Age _____ Primary Vet Clinic _____

How long have you owned your dog? _____

Where did you get him/her? _____

List any food or environmental allergies your pup has: _____

Any medical conditions or physical concerns? _____

List any/all medications your pup takes, including dose/frequency: _____

Is there anything special you'd like to share re: your pup, to ensure we can take the best possible care? (ex: shy with strangers, jumps fences, scared of storms, world's best snuggler)

Referred by _____

*Remember to fax, email, or bring in your dog's vaccine records showing they're up-to-date on the rabies, distemper/parvo combo, and Bordetella vaccinations. Thank you!