



## CLIENT & GUEST PROFILE: ADDITIONAL PETS

Date \_\_\_\_\_

### CLIENT INFORMATION

Owner(s): First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

### GUEST (PET) INFORMATION

Name \_\_\_\_\_  Male  Female  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spayed/Neutered?  Yes  No

Describe your pet (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> High energy              | <input type="checkbox"/> Dislikes ears touched                | <input type="checkbox"/> Climbs/jumps over fences |
| <input type="checkbox"/> Outgoing and playful     | <input type="checkbox"/> Dislikes feet touched                | <input type="checkbox"/> Digger                   |
| <input type="checkbox"/> Timid/shy                | <input type="checkbox"/> Dislikes mouth touched               | <input type="checkbox"/> Chews up bedding/toys    |
| <input type="checkbox"/> Excitable                | <input type="checkbox"/> Dislikes tail touched                | <input type="checkbox"/> Especially vocal         |
| <input type="checkbox"/> Couch potato             | <input type="checkbox"/> Dislikes being picked up             | <input type="checkbox"/> Barks a lot              |
| <input type="checkbox"/> Independent but friendly | <input type="checkbox"/> Dislikes being brushed               | <input type="checkbox"/> Jumps on people          |
| <input type="checkbox"/> Fearful                  | <input type="checkbox"/> Dislikes being touched when sleeping | <input type="checkbox"/> Climbs                   |
| <input type="checkbox"/> Dislikes other dogs      | <input type="checkbox"/> Dislikes close face contact          | <input type="checkbox"/> Eats non-food objects    |
| <input type="checkbox"/> Dislikes cats            | <input type="checkbox"/> Dislikes being grabbed by collar     | <input type="checkbox"/> Escape artist            |

### VETERINARIAN INFORMATION

Same veterinarian as first pet  Different veterinarian  
Please specify:

### ADDITIONAL INFORMATION ABOUT YOUR PET

\_\_\_\_\_/\_\_\_\_\_  
Uptown Hounds Representative Name/Initials

**GUEST (PET) INFORMATION**

Name \_\_\_\_\_  Dog  Cat  Male  Female  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spayed/Neutered?  Yes  No

Describe your pet (check all that apply):

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| <input type="checkbox"/> Dislikes dogs            | <input type="checkbox"/> Dislikes close face contact          | <input type="checkbox"/> Eats non-food objects    |
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**ADDITIONAL INFORMATION ABOUT YOUR PET**

\_\_\_\_\_  
Uptown Hounds Representative Name/Initials