



CLIENT & GUEST PROFILE

Date _____

CLIENT INFORMATION

Owner(s): First Name _____ Last Name _____

First Name _____ Last Name _____

Street _____

City _____ State _____ Zip _____

Home () _____ Cell () _____ Work () _____

Preferred phone: Home Cell Work Email address _____

GUEST (DOG) INFORMATION

Name _____ Male Female

Breed _____ Color _____ Weight _____

Date of Birth ____/____/____ Spayed/Neutered? Yes No

VETERINARIAN INFORMATION

Vet Name _____

Office Name (if different from Vet Name) _____

Street _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Emergency/After Hours Phone:

Email address _____ () _____

OTHERS AUTHORIZED

Emergency contact

Name _____ Relation _____

Direct Phone () _____ Home Cell Work Authorized to pick-up pet? Yes No

Others authorized to pick-up my pet (ID will be required):

Name _____ Relation _____

Name _____ Relation _____

PLEASE SEE REVERSE SIDE

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 |

ADDITIONAL INFORMATION ABOUT YOUR PET

How did you hear about America's Uptown Hounds Luxury Resorts?

- | | | |
|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Drive by | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Friend referral | <input type="checkbox"/> TV | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Vet | |

_____/_____
Uptown Hounds Representative Name/Initials