



New Client Contact Form

Please complete this form for your pup's first day of fun at Puptown Charlotte!

Pup parent's name:

Best phone #:

Alternate phone #:

Email:

Home Address (please add zip code, and apt. number if relevant):

Is it ok if we text you pictures/updates/questions about your dog?

Yes

No

Please list all people with permission to pick up your dog:

Emergency contact person's name:

Best phone #:

Alternate phone #:

Email:

Relationship:

This person:

Has permission to make decisions about my dog's health and veterinary care

Has met my dog

Lives within 30min of Puptown Charlotte

Is prepared to pick my dog up from Puptown Charlotte in the event a problem arises

Pup Information

Pup's name:

Age:

Breed/Color:

Spayed/Neutered:

Health Information

Vet practice:

Specific doctor:

Bordetella Due:

Distemper Due:

Rabies Due:

Health history:

Vaccine reactivity

Food allergies

Environmental allergies (shampoo?)

Soft tissue injury

Surgery (besides spay/neuter)

Seizures

Heart murmur

Cancer

Joint issues

Personality

Personality type:

Anxious

Timid/shy

Easygoing/passive

Outgoing/friendly

Dominant

Energy level:

Low/lazy

Moderate

Playful

Extremely high

Your dog:

Is crate trained

Eats lunch/snack during the day

Shows signs of separation anxiety (elaborate):

Is destructive when left alone (elaborate):

Describe your dog's past experiences with (a) other dogs and (b) a daycare/boarding environment:

Do you have any questions or concerns about leaving your dog at Puptown Charlotte today?

How did you hear about Puptown Charlotte?

Social media

Veterinarian (who?)

Google

Current client referral (who?)