



2526 Elm Street
Dallas, TX 75226
214-748-8008
www.UrbanPawsDallas.com

New Client Information

Owner Information

Name: Home Phone:
Address: Work Phone:
City: Cell Phone:
State, Zip Code: E-Mail Address:

How did you find out about Urban Paws?

Drove By Veterinarian	Advertisement Client/Friend	Special Event Charity Auction	Website Pet Professional
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Other _____

Emergency Contact Information

Name: Home Phone:
Work Phone: Cell Phone: E-Mail Address:
Veterinary Name:

Veterinarian Information

Name: Practice Name:
Phone:
Address:
City: State, Zip Code:



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Pet Information

Dog 1:

Pet Name: Birth Date:
 Breed: Gender: Male Female
 Color: Weight:
 Neutered or Spayed: Yes No

Medications:

Type: How Often? :
 Condition Medication Treats: Dosage:
 Any Allergies? :

Vaccination Expirations:

Vaccination	Month	Day	Year
Bordetella			
DHLPP			
Flea & Tick			
Heartworm			
Rabies			

Meals:

Type of food:
 Amount per meal: How Often:
 Are treats OK? : Yes No



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Pet Information cont.

Dog 2:

Pet Name: Birth Date:
 Breed: Gender: Male Female
 Color: Weight:
 Neutered or Spayed: Yes No

Medications:

Type: How Often? :
 Condition Medication Treats: Dosage:
 Any Allergies? :

Vaccination Expirations:

Vaccination	Month	Day	Year
Bordetella			
DHLPP			
Flea & Tick			
Heartworm			
Rabies			

Meals:

Type of food:
 Amount per meal: How Often? :
 Are treats OK? : Yes No

Signature: Date:



Pet Personality Profile

Dog Name:

1. Has your dog ever attended daycare? If so, how did he/she react to that experience?
2. How does your dog react to strangers?
3. Does your dog play well with other dogs?
4. How does your dog react to animals he/she doesn't know? Does the size of the animal make a difference?
5. How does your dog react when introduced to unfamiliar territory?
6. Has your dog ever bitten someone? If so, what were the circumstances?
7. Does your dog have any problems with allergies? If so, what allergies do they have?
8. Is your dog on a monthly flea treatment? What kind?
9. Does your dog like to be petted? If yes, where?
10. Does your dog have any sensitive areas on his/her body? If yes, where?
11. Is your dog frightened by any specific noises like thunder? If yes, please explain.
12. Does your dog like to play with toys? What are his/her favorites?
13. Has your dog had any formal obedience training? If so when and where?
14. What commands does your dog know? Does he/she know any hand signals? If so which ones?
15. How do you correct or discipline your dog?
16. Other comments about your dog, which you feel, may be helpful: