

New Client/Pet Form

Pet Owner 's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Spouse or Co-Owner _____ Work Phone _____
Emergency Contact _____ Home Phone _____
How did you hear about _____ Animal Clinic? _____
Referred by (We would like to thank them.) _____

Please indicate the quantity of pets below:

Dogs ____ Cats ____ Birds ____ Reptiles ____ Horses ____

Other (Please specify) _____

Pet Information

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Female Spayed **YES** **NO**

Male Neutered **YES** **NO**

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Previous Pet Medical Records

Name and phone number of hospital where they can be obtained

Vaccination History

(indicate the date (month/year) your pet received the following vaccinations)

Canine Distemper / Parvo _____

Coronavirus _____ Lyme _____

Feline Distemper _____ Bordatella _____

Rabies _____ Feline Leukemia _____

Other _____ Describe Other _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? **YES** **NO**

Dental Care

Do you brush your pet's teeth? **YES** **NO**

Date of last dental cleaning? _____

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES **NO**

If yes, Daily _____ Monthly _____ Brand _____

Microchip Identification # _____