

Thank you for giving us the opportunity to care for your pet(s).
 So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____

Address _____

Home Phone () _____ Work Phone () _____

Spouse's Name _____ Spouse's Work Phone () _____

All fees are due at the time services are rendered.

Please indicate choice of payment: Cash/check Visa MasterCard Discover

PATIENT INFORMATION

	Pet # 1	Pet # 2	Pet # 3
Name			
Breed			
Date of birth	/ /	/ /	/ /
Color			
Sex: spayed or neutered			
YOUR DOG'S MEDICAL HISTORY			
Rabies vaccine	/ /	/ /	/ /
DHLPP vaccine	/ /	/ /	/ /
Kennel cough vaccine	/ /	/ /	/ /
Lyme disease vaccine	/ /	/ /	/ /
Heartworm test/prevention	/ /	/ /	/ /
YOUR CAT'S MEDICAL HISTORY			
Rabies vaccine	/ /	/ /	/ /
FVRPC vaccine	/ /	/ /	/ /
Feline Leukemia vaccine	/ /	/ /	/ /
Feline Leukemia test	/ /	/ /	/ /
OTHER			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment of your pet? Yes No

How did you become aware of our clinic? Drove by Yellow Pages Previous client

Personal referral (Whom may we thank?) _____

Please check if you would like additional information about:

Boarding Grooming Obedience training Other hospital services

(OFFICE USE) Revised: / / / / / /