

NEW CLIENT /PET FORM

Owner's Name _____
Address _____ City _____ State _____ Zip _____
Primary Phone _____ Secondary Phone _____
Spouse or Co-Owner Name _____ Phone _____
Email Address _____ Referred by _____

I am the owner of this pet, or am acting as an agent for the owner, and accept full financial responsibility.

Signature _____ Date _____

PET INFORMATION

Pet's Name _____
Birthdate _____
Feline ___ Canine ___ Breed _____ Color _____
Male ___ Female ___
Spayed or Neutered? _____
Are there other pets in your household? _____

VACCINATION HISTORY

- | | |
|-----------------------------|-----------------------|
| <u>Canine</u> | <u>Feline</u> |
| • Bordetella ___ Date _____ | |
| • Distemper ___ Date _____ | Felv ___ Date _____ |
| • Lepto ___ Date _____ | Fvrp ___ Date _____ |
| • Parvo ___ Date _____ | Rabies ___ Date _____ |
| • Rabies ___ Date _____ | |
| • Flu ___ Date _____ | |
| • Rabies ___ Date _____ | |
- Has your dog bitten anyone in the last 10 days? _____

HEARTWORM PREVENTION

Is your pet currently taking heartworm preventive? _____ What kind? _____

NUTRITION

Dry Brand _____ Can Brand _____
Medical Conditions (heart conditions, allergic reactions, drug reactions, etc.)

MEDICAL RECORDS

Name of hospital where your pet's records can be obtained
_____ Phone _____
I, _____, owner of _____ do hereby give permission to release my pet's medical records to the following
person or company: _____
Signature _____ Date _____