



New Client/Pet Form

Pet Owner 's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

e-mail address _____

Spouse or Co-Owner _____

Work Phone _____ Cell Phone _____

How did you hear about us? _____

Referred by (We would like to thank them.) _____

(Please note: all information is confidential and will not be shared with outside sources)

Pet Information: Vaccination History

Pet's Name _____ (Indicate the date (month/year) your pet received the following Vaccinations)

Birth Date _____ **Dog Vaccine:**

Species _____ Breed _____ Color _____ Female Spayed **YES NO** Canine Distemper/Parvo

_____ Male Neutered **YES NO**

Lyme _____ Lepto _____

Bordetella _____ Rabies _____

Medical Conditions

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

Cat Vaccine

Feline Distemper _____ Feline Leukemia _____

Other _____ Describe Other _____

Medical Records **Nutrition**

_____ Dry Brand _____ Name of

hospital where they can be obtained Canned Brand _____ Table Scraps? **YES NO**

Names & Ages of children living at home

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES NO

Are there other pets in your household? **YES NO**

Brand _____ If yes, please

indicate quantity below: Date of Last Heartworm Test _____

Dogs _____ Cats _____ Birds _____ Reptiles _____ Ferrets _____

Microchip Identification: YES NO

Others (Please specify) _____