

New Client/Pet Form

Pet Owner's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ E-mail Address: _____

Spouse or Co-Owner: _____ Work Phone: _____

Emergency Contact: _____

How did you hear about us? _____

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

Names and ages of children living at home:

Are there other pets in your household? YES NO

If yes, please indicate quantity below:

Dogs ___ Cats ___ Birds ___ Reptiles ___ Ferrets ___

Other (Please specify) _____

Pet Information

Pet's Name: _____

Birth Date: _____

Species: _____ Breed: _____ Color: _____

Sex of Pet

Female ___ Spayed ___ YES ___ NO

Male ___ Neutered ___ YES ___ NO

Vaccination History

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

Canine Distemper / Parvo _____

Coronavirus _____

Lyme _____ Kennel Cough _____

Feline Distemper _____ Feline *Bordetella* _____

Feline Leukemia _____ Rabies _____

Other _____

Medical Conditions

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

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, Brand _____

Microchip Identification # _____

Medical Records

Name of hospital where they can be obtained

BE A RESPONSIBLE PET OWNER

At _____ we stand behind the three step program of responsible pet care: Spay/Neuter, Vaccinate and Microchip your pet. We strongly recommend these three steps to keep your pets happy, healthy, and safe.