

**CLIENT INFORMATION**

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

E-mail: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name or  
Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Your Place \_\_\_\_\_ Spouse or Alternate  
of Employment \_\_\_\_\_ Contact Phone \_\_\_\_\_

Best time to reach you \_\_\_\_\_ Drivers License # \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Employee  
Initials \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Please indicate choice of payment. Cash/Check Visa/MasterCard Discover/American Express

How did you become aware of our clinic? Drove by Yellow Pages Previous Client Referral Other \_\_\_\_\_

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

**PET(S) INFORMATION**

Our pet(s) is /are:  Member of our Family  Child's Pet  Backyard Pet  Foster Pet

Any previous illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

<b>List all your pets please:</b>	<b>PET #1</b>	<b>PET #2</b>	<b>PET #3</b>	<b>PET #4</b>
NAME OF THE PET				
SPECIES- Dog/Cat/Rabbit/Guinea Pig/or ?				
BREED OF THE PET				
COLOR OF THE PET				
DATE OF BIRTH OF PET or AGE				
SEX: Female/Male - Spayed or Neutered?				
FLEA PREVENTION				
HEARTWORM TEST/PREVENTION				
DEWORMING				
<b>VACCINATION HISTORY ---- DOG</b>				
RABIES				
DHP (Distemper) / PARVO / CORONA				
BORDETELLA (KENNEL COUGH)				
LYME DISEASE				
FECAL (STOOL SAMPLE)				
<b>VACCINATION HISTORY ---- CAT</b>				
RABIES				
FELINE DISTEMPER,RHINO (FVRCP)				
LEUKEMIA VACCINE				
LEUKEMIA TEST/ FELINE AIDS TEST				
FECAL (STOOL SAMPLE)				