



# 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:

Pet's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Female Spayed **YES** **NO**

Male Neutered **YES** **NO**

## Medical Conditions

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Records

Name of hospital where they can be obtained

## Names & 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 \_\_\_

Others (Please specify) \_\_\_\_\_

## Vaccination History

(Indicate the date (month/year) your pet received the following Vaccinations)

### Dog Vaccine:

Canine Distemper/Parvo \_\_\_\_\_

Lyme \_\_\_\_\_ Lepto \_\_\_\_\_

Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_

### Cat Vaccine

Feline Distemper \_\_\_\_\_ Feline Leukemia \_\_\_\_\_

Other \_\_\_\_\_ Describe Other \_\_\_\_\_

## Nutrition

Dry Brand \_\_\_\_\_

Canned Brand \_\_\_\_\_

Table Scraps? **YES** **NO**

## Heartworm Preventative

Is your pet currently taking heartworm preventative?

**YES** **NO**

Brand \_\_\_\_\_

Date of Last Heartworm Test \_\_\_\_\_

Microchip Identification: **YES** **NO**

**Drivers License: #** \_\_\_\_\_

**State:** \_\_\_\_\_