

# Welcome

Owner \_\_\_\_\_ Spouse/Other \_\_\_\_\_

(last) (first)

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

Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

How did you become aware of our clinic? \_\_\_\_\_ Clinic Sign \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Pet Store/ Hospital

Personal Recommendation \_\_\_\_\_ Their Pet's Name \_\_\_\_\_

## PET 1

## PET 2

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Dog \_\_\_\_\_ Cat Other \_\_\_\_\_

\_\_\_\_\_ Dog \_\_\_\_\_ Cat Other \_\_\_\_\_

\_\_\_\_\_ Sex Spayed / Neutered? \_\_\_\_\_

\_\_\_\_\_ Sex Spayed / Neutered? \_\_\_\_\_

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

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

Vaccination History

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Previous medical records may be obtained from: \_\_\_\_\_

Date and type of last vaccinations: \_\_\_\_\_ Date and type of last vaccinations: \_\_\_\_\_

\_\_\_\_\_ Date of last intestinal parasite (stool) exam: \_\_\_\_\_ Date of last intestinal parasite (stool) exam: \_\_\_\_\_

\_\_\_\_\_ Date my dog was tested for heartworm \_\_\_\_\_ Date my dog was tested for heartworm \_\_\_\_\_

On heartworm preventative? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ On heartworm preventative? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Any special diets or medications? \_\_\_\_\_ Any special diets or medications? \_\_\_\_\_

\_\_\_\_\_ Any serious illnesses or surgeries? \_\_\_\_\_ Any serious illnesses or surgeries? \_\_\_\_\_

\_\_\_\_\_ Any allergies to vaccines or medication? \_\_\_\_\_ Any allergies to vaccines or medication? \_\_\_\_\_

\_\_\_\_\_ Is your pet micro-chipped? \_\_\_\_\_ Is your pet micro-chipped? \_\_\_\_\_

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All fees are due at the time services are rendered. We accept cash, Discover, MasterCard, and Visa.

Signature of owner or agent \_\_\_\_\_ Date \_\_\_\_\_