

Client # _____
(office use only)

First _____ Last _____ Spouse _____

Address _____ City _____ State _____ Zip _____ Email _____

Home # _____ Cell # _____ Work # _____ Place of Employment _____

To help protect against Identity Theft, the staff will make a copy of your I.D. - Driver's License # _____

All Fees Are Due At Time Services are Rendered – Payments Accepted: Cash Care Credit Amex
(We do NOT accept Checks) Visa Mastercard Discover

How did you become aware of our clinic? Drove By Internet _____ Other _____

Business/Rescue Group _____ Personal Recommendation _____ (Whom may we thank?)

	<u>PET # 1</u>	<u>PET # 2</u>	<u>PET # 3</u>
NAME			
BREED			
DATE OF BIRTH or AGE			
SEX: SPAYED/NEUTERED			
COLOR			
MICROCHIP #			
<u>DOG'S VACCINE HISTORY:</u>	<u>PET # 1</u>	<u>PET # 2</u>	<u>PET # 3</u>
RABIES			
DISTEMPER			
LEPTO			
LYME			
FLU			
BORDATELLA			
HEARTWORM TEST			
FECAL			
<u>CAT'S VACCINE HISTORY:</u>	<u>PET # 1</u>	<u>PET # 2</u>	<u>PET # 3</u>
RABIES			
DISTEMPER			
LEUKEMIA			
AIDS			
LEUKEMIA/AIDS TEST			
STOOL			

Previous Veterinarian/Hospital _____

Allergies to any vaccinations or medications? _____

Any previous serious illnesses or surgeries? _____

Is your pet on any special diets or medications? _____

Do we have permission to take pictures of your pet for their account and our social media platforms? YES / NO

Please sign stating that all information above is current: _____ Date: _____

Date											
Initials											

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