

# New Client/Pet Form

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

Address \_\_\_\_\_ P.O. Box, Apt., etc. \_\_\_\_\_

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

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

Place of Employment \_\_\_\_\_

Social Security Number or Driver's License Number \_\_\_\_\_

Spouse or Co-Owner \_\_\_\_\_ Contact Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Number \_\_\_\_\_

Referred by (We would like to thank them!) \_\_\_\_\_

E-mail Address \_\_\_\_\_

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 \_\_\_\_\_

Male/Female Spayed/Neutered

## *Known Medical Conditions:*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of hospital where previous medical records can be obtained:

\_\_\_\_\_

## *Vaccination History*

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

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

Coronavirus \_\_\_\_\_ Lyme \_\_\_\_\_

Bordatella (Kennel Cough) \_\_\_\_\_ Rabies \_\_\_\_\_

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

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

## *Heartworm Preventative*

Is your pet currently taking heartworm preventative? **YES NO**

If yes, Daily or Monthly? (circle one) Brand \_\_\_\_\_

## *Nutrition*

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

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

Table Scraps? **YES NO**

Do you brush your pet's teeth? **YES NO**

Date of last dental cleaning: \_\_\_\_\_

Microchip Identification # (if known) \_\_\_\_\_