



NEW CLIENT/NEW PET

To insure the best care possible, please take the time to fill in this form completely. Thank you.

OWNER INFORMATION

Name _____ Home Phone _____

Address _____ Cell Phone _____

_____ Zip Code _____

Occupation/Employer _____ Work Phone _____

Spouse _____ Employer _____ Work Phone _____

A Driver's license will be required if you plan to pay with a check

Please provide an e-mail address for your pet's reminders: _____

A reminder postcard will only be mailed to you if you do not provide an e-mail.

PET INFORMATION

Name _____ Species: Dog Cat Other _____

Breed _____ Description _____ Age/Birthdate _____

Male/Female _____ Neutered? _____ What age neutered? _____

Where was pet obtained? (breeder / pet store / shelter) _____ What age? _____

Is pet primarily indoor / outdoor / both? _____

Please describe housing for exotic species _____

Please list your pet's current diet (including snacks) _____

Other pets in household? Please state type and number _____

Please list any known vaccination history _____

Please list current medications _____

Please briefly describe any important medical history _____