CLIENT INFORMATION FORM

PLEASE FILL IN ALL INFORMATION
(PLEASE PRINT)

OWNER INFORMATION DATE: _____

LAST NAME:	FIRST NAME:	____Mr. ____Mrs. ____Ms. ____Mr. & Mrs.
HOME#: ( ) _____ - _____	CELL#: ( ) _____ - _____	WORK#: ( ) _____ - _____
ADDRESS:		
CITY:	STATE:	ZIP CODE:
VETERINARIAN:	PHONE #:	
EMAIL ADDRESS:	HOW DID YOU HEAR ABOUT US?	

TWO PEOPLE, OTHER THAN YOU, THAT WE CAN CALL IN CASE OF AN EMERGENCY.

Name:_____ Phone # ( ) _____ - _____

Name:_____ Phone # ( ) _____ - _____

If you want to be the only person who can pick up your pet(s), you must notify us when dropping off your pet(s) each visit. Otherwise, we will assume that anyone wanting to pick up your pet(s) has the authority to do so. Thank you.

PET INFORMATION

☐ DOG ☐ CAT	NAME:	BREED:	COLOR:
AGE: _____YEARS _____MONTHS		☐MALE ☐FEMALE	☐NEUTERED ☐SPAYED

Is your pet on any regular medication? ☐YES ☐NO If yes, name of medication:_____

DOES YOUR PET: (Please check any that apply)

☐Have a microchip? ☐Dig? ☐Climb fences? ☐Chew bedding? ☐Get scared during storms?

Has your pet been ill in the last 30 days? ☐ YES ☐ NO

If yes, please explain:_____

Has your pet ever bitten a person or another animal? ☐ YES ☐ NO

If yes, please explain:_____

D.O.V. (For office use only)	Dis/Parvo:	Rabies:	Bordetella:	Dis/FVRCP:	Leu/Feluk: