



Client Information

Guardian Name Last _____ First _____ MI _____

Co-guardian Name Last _____ First _____ MI _____

Other household members: _____
 (include children's ages) _____

Mailing Address _____
 City _____ State _____ Zip Code _____

Primary Phone Number: _____ Cell Work Home Name: _____ Best time to call _____

Alt Number _____ Cell Work Home Name: _____ Best time to call _____

Alt Number _____ Cell Work Home Name: _____ Best time to call _____

Email _____
Help us reduce our paper usage by signing up for email reminders. May we email you your animal's reminders? Y / N

Employer _____ Driver's License # _____ State _____

Job/Skills (for networking) _____

How did you hear about our clinic? *If a friend referred you, let us know, and they'll get a referral reward!*

Referral: Individual / Clinic Name: _____
 Drive/Walk by Our Website Google Yahoo Bing DEX Phone Book

Other: _____

Patient Information

Animal's Name _____

Species (circle one) Dog Cat Bird Reptile Other: _____

Breed _____ Color _____

Date of Birth (or Approximate age) _____ Male / Neutered Female / Spayed

Microchipped/Tattooed? Y / N ID Number: _____

Medical History

Where/When did you get this animal? _____

Exposure (Choose all that apply) *Indoors Outside: Never / Supervised only / Free Roam*
Boarding Y / N Grooming Y / N Day Care Y / N Dog Parks Y / N

Travel (planned or past) Y / N Where: _____ When: _____

Other animals in same household? Y / N Type/Age: _____

Primary Diet _____ Amount Fed _____ Frequency _____

Treats _____

Previous Medical Problems _____

Medications/Supplements _____

Vaccination History Previous Vet Clinic Name: _____ Date of Last Visit: _____

Dogs	Rabies	1 yr	DHPP	Lepto	Bordetella	K9 Flu	Heartworm: <i>Test & Prevention Type</i>
Date	____/____	3 yr	____/____	____/____	____/____	____/____	____/____ + / - year-round / other
Cats	Rabies	1 yr	FVRCP	FelV	FelV/FIV/FIP Test		Heartworm: <i>Test & Prevention Type</i>
Date	____/____	3 yr	____/____	____/____	____/____ + / -		____/____ + / - year-round / other
Ferrets	Rabies	1 yr	Distemper				
Date	____/____	3 yr	____/____				

Office Use Only: NC NP WC RC COMP REM Scan For Microchip Photo
 Date: _____ CL# _____ PT# _____ epetrecord# _____