

# New Client/Pet Form



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Spouse or Co-Owner: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

Names and ages of children living at home:

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

## Sex of Pet

Female \_\_\_ Spayed \_\_\_ YES \_\_\_ NO

Male \_\_\_ Neutered \_\_\_ YES \_\_\_ NO

## Vaccination History

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

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

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

Feline Distemper \_\_\_\_\_ *Bordetella* \_\_\_\_\_

Rabies \_\_\_\_\_ Feline Leukemia \_\_\_\_\_

Other \_\_\_\_\_

## Medical Conditions

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Nutrition

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

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

Table Scraps? \_\_\_ YES \_\_\_ NO

## Dental Care

Do you brush your pet's teeth? \_\_\_ YES \_\_\_ NO

Date of last dental cleaning? \_\_\_\_\_

## Heartworm Preventative

Is your pet currently taking heartworm preventative?

\_\_\_ YES \_\_\_ NO

If yes, Daily \_\_\_ Monthly \_\_\_ Brand \_\_\_\_\_

Microchip Identification # \_\_\_\_\_

## Medical Records

\_\_\_\_\_

Name of hospital where they can be obtained

## BE A RESPONSIBLE PET OWNER

At \_\_\_\_\_ we stand behind the three step program of responsible pet care: Spay/Neuter, Vaccinate and Microchip your pet. We strongly recommend these three steps to keep your pets happy, healthy, and safe.