

CLIENT INFORMATION

Owner's Name : _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: (____) _____ Cell: (____) _____ Work Phone: (____) _____

Driver's License: _____

Email Address: _____

Emergency Contact Name: _____ Phone: (____) _____

PET'S HEALTH HISTORY

Pet's Name: _____ DOB: _____

Species: _____ Breed: _____ Color: _____

Sex: M or F (circle one) Neutered/Spayed: Y or N (circle one)

Please list your pet's current medications and/or diseases: _____

Vaccination history:

Distemper/Parvo (dogs) or FVRCP (cats): _____ Rabies: _____

Heartworm test: _____ Fecal: _____ Other: _____

Is your pet currently on heartworm medications or flea/tick preventative? If so, what kind?

Prior surgeries: _____

Prior illnesses: _____

I hereby authorize the veterinarian to examine, prescribe for, and treat for the above pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time of services rendered.

Signature of Responsible Party: _____ Date: _____