

New Client Form

Owner Information

Owner's last name: _____ First name: _____

Spouse's name: _____

Address: _____ City,State,Zip: _____

Phone number: _____ Spouse's number: _____

E-mail: _____

Pet Information

Pet name: _____ Circle which: CANINE FELINE

Breed: _____ Color: _____

Date of birth or age: _____ Sex (circle) : MALE FEMALE

Is your pet neutered/spayed (circle): YES NO

On heartworm prevention (circle): YES NO On flea prevention (circle): YES NO

Using tick prevention (circle): YES NO

Previous veterinarian and clinic name if applicable: _____

Vaccination history (date, type, where shots were done):

Are there previous records for your pet that you could bring/email to us?

Please check any symptoms/problems that you have noticed about your pet:

- Behavior problems
- Bleeding gums
- Breathing problems
- Coughing
- Diarrhea
- Gagging
- Head shaking
- Lack of appetite
- Limping
- Loss of balance
- Scooting
- Scratching
- Sneezing
- Thirst and/or urination increase
- Vomiting
- Weakness
- Other

Pet's current medications:

Diet: _____

Are there any other pets in your household?

Is your pet (circle): Indoors only Outdoors only Both

Do you have any particular health and/or behavior issues about which you would like advice?

Thank you! Please bring this form in at your scheduled appointment. Can't wait to meet your furry friend!

