



**Welcome! Thank you for giving us the opportunity to care for your pet(s)!**

Date \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_

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

Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's Lic #: \_\_\_\_\_ Email: \_\_\_\_\_

**How did you hear about our hospital? (please, circle all that apply)**

Hospital Website      Facebook      Internet Search      Building Signage      Radio      Yelp.com

Referral : Yes \_\_\_ No \_\_\_ If referred, whom may we thank? \_\_\_\_\_

PATIENT INFO	PATIENT 1	PATIENT 2	PATIENT 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED OR NEUTERED			
<b>YOUR DOG'S VACCINATION HISTORY</b>			
BORD			
DHPPL			
K-9 FLU			
LEPTO			
LYME			
RABIES 1yr 3yr			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			
FLEA/TICK PREVENTION			

Our pet(s) is(are):      INDOOR ONLY      OUTDOOR ONLY      INDOOR/OUTDOOR

Any previous surgeries or serious injuries? \_\_\_\_\_

Any allergies to vaccinations or medicines? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

**All Fees are Due at the Time Services are Rendered**

If you have more than three dogs (PATIENTS) please print additional forms and continue to fill in the PATIENT INFO chart for each dog. You do not need to fill out the top portion more than once.