



**Client Information** Date: \_\_\_\_\_

**Guardian Name** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Co-guardian Name** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Other household members:**  
**(Children's names)** \_\_\_\_\_  
 \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Primary Number** \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Name: \_\_\_\_\_

**Alt Number** \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_ Name: \_\_\_\_\_

**Preferred Method of Contact**  
 Phone Call \_\_\_\_\_ Text Message \_\_\_\_\_ Email \_\_\_\_\_

**Email** \_\_\_\_\_

*Help us reduce our paper usage by signing up for email reminders. May we email you your animal's reminders? YES or NO*

**Drivers License #** \_\_\_\_\_ **State:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**How did you hear about our clinic?** \_\_\_\_\_

**Referral:** Individual / Clinic Name: \_\_\_\_\_  
 Drive/Walk by \_\_\_\_\_ Our Website \_\_\_\_\_ Google \_\_\_\_\_ Yahoo \_\_\_\_\_ Phone Book \_\_\_\_\_

**Patient Information**

**Animal's Name** \_\_\_\_\_

**Species (circle one)** Dog \_\_\_\_\_ Cat \_\_\_\_\_ Bird \_\_\_\_\_ Reptile \_\_\_\_\_ Other: \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Date of Birth (approximate age)** \_\_\_\_\_ **Male / Neutered** \_\_\_\_\_ **Female / Spayed** \_\_\_\_\_

**Microchipped/Tattooed?** Yes / No \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Medical History**

**Where/When did you get this animal?** \_\_\_\_\_

**Lifestyle (Choose all that apply)** Indoors \_\_\_\_\_ Outside: \_\_\_\_\_ Never / Supervised only / Free Roam \_\_\_\_\_

Boarding: YES or NO \_\_\_\_\_ Grooming: YES or NO \_\_\_\_\_ Day Care: YES or NO \_\_\_\_\_ Dog Parks: YES or NO \_\_\_\_\_

Travel (planned or past) \_\_\_\_\_ Yes / No \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

Other animals in the household? \_\_\_\_\_ Yes / No \_\_\_\_\_ Type / Age: \_\_\_\_\_

**Primary Diet:** \_\_\_\_\_ **Amount Fed:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

Treats: \_\_\_\_\_

**Previous Medical Problems** \_\_\_\_\_

**Medication/ Supplements** \_\_\_\_\_

Flea and Tick Medication: \_\_\_\_\_ Heartworm Medication: \_\_\_\_\_

**Previous Vet Clinic Name** \_\_\_\_\_ **Date of last visit:** \_\_\_\_\_

**Vaccines that your pet is due for?** \_\_\_\_\_

*Do we have permission to post your pet on our social media platforms such as Facebook or Instagram? YES or NO*