



Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Name: _____ Date: _____
 Last Name First Name

Driver's License # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Employer _____ Occupation _____

Business Address _____ Business Phone _____
May we contact you here? _____

Spouse or Co-owner _____ Home Phone _____
Cell Phone _____

Notify in case of emergency _____

Home Phone _____ Cell Phone _____

Pet Information

Pet's Name _____ Dog Cat Other _____

Age/Birthdate _____ Sex M F Breed _____ Color _____

Neutered/Spayed Yes No At what age? _____

Where did you obtain this pet? Friend Breeder Pet Shop Humane Society
 Other _____

At what age was the pet obtained _____ months/years

For what purpose was this pet obtained? Companionship Protection Breeding
 Show Other _____

Diet (Kind of pet food) _____

Pet's history – (√) check all that pet has received:

- Dhlpp Booster/Parvo (Dog) Lymes Vacc. (Dog) Kennel Cough (Dog)
- HW Test (Dog) Fecal Exam Rabies (Dog & Cat)
- Feline Distemper (Cat) Feline Leukemia (Cat) Calicivax (Cat)

Describe any:

Prior illness _____ Prior surgery _____

Reason for pets' visit _____

Please be a responsible pet owner: At Red Arrow Animal Clinic 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 help keep your pets happy, healthy, and safe.

Clinic Policies

Please remember that payment is due at time of service. For your convenience we accept cash, check, credit, and debit cards. (Visa, Master, Discover) If arrangements have been made, there will be a billing fee of \$4.00 after the first 30 days and a \$25.00 fee for collections if not paid by due date.

A broken appointment is a loss to everyone. Please inform us one day in advance if you are unable to keep your appointment. Two missed appointments will result in a charge for the appointment.

Your Signature: _____

Date: _____

