



**PLEASE FILL IN ALL OF THE MISSING INFORMATION-**  
**THERE ARE 2 PAGES TO THIS QUESTIONNAIRE**

FIRST AND LAST NAME: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ CHILDREN'S NAMES: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ (Needed for payment by check)

YOUR OCCUPATION: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_

PLEASE LIST ALL OF YOUR DOGS AND CATS:

	PET #1	PET #2	PET #3
NAME			
BREED			
COLOR			
SEX			
NEUTERED?			
BIRTHDATE			

**EXPIRATION DATES:**

DISTEMPER			
LEPTO			
RABIES			
LEUK//LEUK-FIV TEST			
LYME			
BORDETELLA			
HW / LYME TEST			
BLOOD PROFILE			
FECAL//GIARDIA TEST			
EXAMINATION			

**:) DON'T FORGET TO FILL OUT THE NEXT PAGE :)**

- WHERE WAS THIS PET & OTHERS PREVIOUSLY CARED FOR? \_\_\_\_\_
- PLEASE LIST ANY DRUG ALLERGIES, ANESTHETIC SENSITIVITIES, CURRENT MEDICATIONS, OR CURRENT MEDICAL OR BEHAVIORAL PROBLEMS: \_\_\_\_\_

**HOW DID YOU FIND US?** Please Choose One: Yellow Pages, Sign, Internet, Location,  
 Referred By: \_\_\_\_\_, Other: \_\_\_\_\_



**\*\*PLEASE FILL OUT THE ATTACHED PAGE\*\***