



CARO VETERINARY CLINIC

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

Name _____ E- Mail Address _____

Address _____ City _____ Zip _____

Home Ph _____ Work Ph _____ Cell Ph _____

PET(S) INFO	PET #1	PET #2	PET #3
Name			
Breed			
Date of Birth/Age			
Color			
Sex/Fixed Y or N			
YOUR DOG'S VACCINATION HISTORY			
Rabies			
Distemper Combo			
Heartworm Test			
YOUR CAT'S VACCINATION HISTORY			
Rabies			
Distemper			
Leukemia			
FIV/Leuk Test			

Any previous serious illnesses/surgeries/injuries? _____

Any known allergies to vaccinations or medications? _____

Is your pet currently on any special diets or medications? _____

How did you become aware of our clinic? Drove by Yellow Pages Previous client

Personal referral (whom may we thank?) _____

Please check if you would like additional information about any of the following:

Microchip Flea Prevention Wellness screening Heartworm Testing and Prevention

CareCredit Pet Insurance Home Dental Care

Please choose payment type:

Cash Check Credit Card CareCredit

Please sign and date that you have received and understand a copy of our clinic's Financial Policy:

Signature

Date

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED!

WE DO NOT BILL FOR SERVICES.