

Island Rescue

SIGN IN FOR NEW CLIENTS/PETS

Date: _____

Owner's Information: (Owner must be 18 or over)

Name _____

Address _____

City _____ State _____ Zip. _____

Number where we can reach you. (including area code)

Home _____ Cell _____

E-Mail Address: _____

Have you or your spouse been here before? Y / N

If "Yes", spouse's name: _____

Pet's Information:

Name: _____ Breed: _____ Age: _____ (yr/mos)

Or

DOB: ___/___/___

Sex: M / F

Altered: Y / N

Color: _____

Dog / Cat Length of time owned: _____ (yr/mos)

Is your pet up to date with Rabies vaccine? Y / N

If yes, when? Date: _____

Is your pet up to date w/Distemper vaccine? Y / N

If yes, when? Date: _____

Any other vaccines given: _____

Reason for visit today: _____

Dog owners, please let us know:

Has your pet been tested for Heartworm? _____

What preventative treatment are you using? _____