



Owner		Pet's Name	
Spouse's Name		Breed	
Address	City, State, Zip	Sex	Spayed/Neuter
Home Phone		Color & Markings	
Employer		Date of Birth or Current Age	
Cell Phone	Spouse's Cell Phone	For what purpose was this pet obtained?	Companion Protection Breeding Show Other
Business Phone	Spouse's Business Phone	Does your pet have a tendency to bite?	
E-mail Address:		Does your pet require professional grooming?	

In order to offer the courtesy of accepting personal checks for payment, please complete the following:

Owner's Date of Birth ___ / ___ / ___ Owner's Driver's License #: _____

How did you find out about our clinic? Yellow Pages Referral /By Whom Other

Medical History

When was the last time your pet was checked for intestinal worms? _____ Did you see any in the stool? _____

Has your *dog* been tested for Heartworms within the last year? _____

Is your pet currently on heartworm protection? _____ What brand? _____

What was the date of your pets last Rabies and Distemper vaccination? _____

Has your *cat* been tested for Feline Leukemia? _____ When? _____

Is your pet currently on any prescribed medications? _____ If so, what? _____

Are you currently seeing fleas on your pet? _____

Have you noticed any excessive scratching or chewing on the body by your pet? _____ Hair loss? _____

Payment is expected the day services are rendered. I will be paying by:

Cash _____ Check _____ Credit Card _____ I would like an estimate for the services to be performed. _____

Signature _____

There will be a \$25.00 fee on all returned checks
 Payment arrangements can be made if approved in advance of any treatment.