

# Welcome to... Main Street Veterinary Clinic

## Client Information

Name (last, first):

Mailing Address:

Street Address (if different):

Cell Phone:

Home Phone:

Work Phone:

How did you learn about our practice?

Would you like your pet's records transferred from another clinic? Yes / No

If yes, please provide the clinic information:

## Pet Information

Pet's Name:

Species: Dog / Cat / Horse / Other

Date of Birth:

Sex: Male / Female Neutered or Spayed?

Breed:

Color:

Please provide the dates your pet received any of the following vaccines:

Dogs: Rabies:

DAPPL:

Bordatella:

Rattlesnake:

Cats: Rabies:

FVRCP:

FeLV (leukemia):

Is your pet on heartworm preventative? Yes / No

Last Heartworm Test:

Any know allergies or reactions to anesthesia/medication?

**Authorization:** I authorize the veterinarian to examine, treat, and prescribe medication for my pet. I UNDERSTAND THAT ALL FEES ARE PAYABLE THE DAY OF MY PET'S EXAM.

Signature of client:

Date: