



Thank you for giving us the opportunity to care for your pets.
So that we may become better acquainted, please complete the following.

Date _____
Account _____

CLIENT INFORMATION

Owner(s) _____ Home Phone _____ Mobile Phone _____

Employer(s) _____
Address _____ Email Addr(s) _____
City/Prov/PC _____
County _____

PATIENT INFORMATION	Pet #1:	Pet #2:	Pet #3:
Name			
Breed/Color			
Date of Birth/Age			
Sex / Spayed or Neutered?			
Any previous serious illness or surgeries			
Any allergies to vaccinations or medications			
Special diets or medicine			
Flea prevention			
Heartworm test/prevention			
Fecal (stool sample)			
Rabies vaccine			
Kennel Cough vaccine			
Distemper/Parvo vaccine			
Feline leukemia vaccine			
FVRCP vaccine			
Lyme vaccine			

Are there any other details about your pet that you feel we should know?

How did you become aware of our clinic? ___ Drove By ___ Yellow Pages ___ Website ___ Previous client
___ Personal Referral (Whom may we thank?) _____
___ Web search _____

WE ACCEPT CASH, VISA, MASTERCARD, DEBIT
PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED.

Thank you for Choosing City Pets Animal Clinic

Personalized Care for your Best Friend.