

WOULD YOU LIKE US TO KEEP YOU INFORMED ABOUT PROCEDURES THAT MAY LENGTHEN YOUR PET'S LIFE? YES OR NO

HOW OLD WAS YOUR PET WHEN YOU ACQUIRED HIM/HER? _____

HOW MANY HOURS IS YOUR PET OUTSIDE EACH DAY? _____

WHAT PRIOR ILLNESS OR SURGERY SHOULD WE KNOW ABOUT? _____

WHEN IS THE BEST TIME TO REACH YOU AT HOME? _____

PET INFORMATION (please fill in the following for each pet):

	PET 1	PET 2	PET 3
<i>NAME</i>			
CANINE OR FELINE			
BREED			
COLOR(S)			
DATE OF BIRTH			
SEX			
spayed or neutered			
last vaccination date			
DHLP-canine			
PARVO-canine			
CORONAVIRUS-canine			
BORDETELLA-canine			
RABIES-canine or feline			
FVRCP-feline			
LEUKEMIA- feline			
LEUKEMIA TEST-feline			
FECAL CHECK- for worms			
HEARTWORM TEST-canine			
HEARTWORM PREVENTATIVE			
ALLERGIES			
DIET			
MEDICATIONS			

CLIENT SIGNATURE

DATE