



### **Customer Information**

Pet Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home#: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell#: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Work#: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

### **Pet Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Neutered / Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_

### **Vet Information**

Clinic / Vet Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office#: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

### **Pet Health Information**

Date of last DHPP (Distemper, Hepatitis, Para influenza, and Parvovirus) Inoculation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Rabies Inoculation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expire Date: (1 or 3 years) \_\_\_\_/\_\_\_\_/\_\_\_\_

Bordatella (Kennel cough) Inoculation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Titers date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_ Fecal exam date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fecal Results: \_\_\_\_\_ Is your dog on any flea/tick prevention program? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of flea treatment product: \_\_\_\_\_ Last treatment date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your dog have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_