



Client Account No. (*Hospital Use Only*):

*May we contact your previous Veterinarian for copies of medical records?*

Yes

No

Clinic/Dr.'s Name:

Location/Phone:

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Pet Information

Pet's Name:

Species

Other Species:

Breed:

Color:

Sex

Birthdate/Age

Date of last physical  
exam by a Veterinarian:

Date of last vaccinations:

Did you recently adopt your  
pet from a shelter?

Yes

No

If yes, what is the name and location of the shelter?

How long have you owned  
your pet?

Please list any prior illnesses, surgeries, drug allergies or vaccine reactions:

During veterinary visits, my pet is:

Around other new animals, my pet is:

Calm

calm

Anxious

anxious

Aggressive

Aggressive

If your pet is covered under a veterinary insurance policy, please list the company name and policy number:

Insurance Co.

Policy No.

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