



Client Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Referred By: \_\_\_\_\_ Veterinary Clinic: \_\_\_\_\_

**Emergency Contacts other than Owners:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Pet Profile:**

Pet's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Primary Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male  Female  Spayed  Neutered  Approximate Age: \_\_\_\_\_

Has this pet ever bitten or shown aggression to another animal or a person? If so, please explain.

\_\_\_\_\_

Does this pet have any allergies? (Food, medications, environmental, ect) If so, please list:

\_\_\_\_\_

Does this pet suffer from: Heart Disease  Respiratory Disease  Seizures  Arthritis  Hip Dysplasia

Has your pet ever had any surgeries other than a routine spay or neuter? If yes, please explain:

\_\_\_\_\_

Does your pet have any old or current injuries/health concerns that require special attention? If yes, please explain: \_\_\_\_\_

Are there any restrictions on your dog's activity or movements?

\_\_\_\_\_

Is your pet on regular flea/tick preventive? Yes  No

Is your pet taking any medications? Yes  No

If yes, please name the medication(s) and the reason(s): \_\_\_\_\_