

New Client/Pet Form

Pet Owner's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Spouse or Co-Owner _____ Work Phone _____
Emergency Contact _____ Home Phone _____
How did you hear about Dadeville Animal Clinic? _____
E-mail address _____ Referred by (We would like to thank them.) _____

Are there other pets in your household? **YES** **NO**

If yes, please indicate quantity below:

Dogs ___ Cats ___ Cows ___ Horses ___ Goats ___ Sheep ___

Llamas ___ Alpacas ___

Other (Please specify) _____

Pet Information

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Female Spayed **YES** **NO**

Male Neutered **YES** **NO**

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Medical Records

Name of hospital where they can be obtained _____

Vaccination History

(indicate the date (month/year) your pet received the following vaccinations)

Canine Distemper / Parvo _____

Coronavirus _____ Lyme _____

Feline Distemper _____ Bordatella _____

Rabies _____ Feline Leukemia _____

Other _____ Describe Other _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? **YES** **NO**

Dental Care

Do you brush your pet's teeth? **YES** **NO**

Date of last dental cleaning? _____

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES **NO**

If yes, Daily _____ Monthly _____ Brand _____

Microchip Identification # _____