



Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best possible care, please take the time to fill in this form completely. Thank you again.

Owner's Name _____

Address _____ City _____ Zip _____

Phone # _____ Work # _____

Cell # _____ E-mail _____

Spouse / Co-Owner _____ Work # _____

Emergency Contact _____ Home # _____

How did you hear about our Clinic ? _____

Referred by ? _____

Are there other pets in the household ? Yes / No

If yes please indicate quantity below:

Dogs _____ Cats _____ Birds _____ Reptiles _____ Ferrets _____

Other _____

Pet Information:

Nutrition:

Pets Name: _____

Dry Brand: _____

Birth-date: _____

Canned Brand: _____

Species: _____ Color: _____

Table Scraps: Yes / No

Breed: _____

Dental Care:

Female Spayed Yes / No

Do you brush your pets teeth? Yes / No

Male Neutered Yes / No

Date of last dental cleaning? _____

Medical Conditions
(Allergies, drug reactions, heart condition, etc.)

Microchip # _____

Medical Records: _____
Name of Hospital to contact for records?

Vaccination History: (Indicate the date (month/year) your Pet received the following vaccinations)

Canine Distemper/Parvo _____

Rabies _____

Coronavirus _____ Lyme _____

Feline Distemper _____

Bordetella _____ Feline Leukemia _____

BE A RESPONSIBLE PET OWNER: At Animal Clinic of LIC we stand behind the three-step program of responsible pet care. *Spay/Neuter, Vaccinate and Microchip* your pet. We strongly recommend these three steps to keep you pets happy, healthy and safe.

I authorize the veterinarian to examine, prescribe for or treat the above - described pet. I assume responsibility for all charges in the care of this animal. I understand the charges will be paid at the time of release and a deposit maybe needed for a surgical procedure.

SIGNATURE _____ Date _____