

**PET CALLS**  
CLIENT / PET INFORMATION

**CLIENT INFORMATION**

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Significant Other: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Referred By: \_\_\_\_\_

**PET INFORMATION:**

Pet's Name: \_\_\_\_\_ Species (circle): Cat / Dog / Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender (circle): Male / Female Neutered?: Yes No

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Last Vaccines: \_\_\_\_\_ Rabies Tag #: \_\_\_\_\_

Name of Clinic that gave last vaccines: \_\_\_\_\_ Phone #: \_\_\_\_\_

Canine Vaccines (circle): Rabies / Distemper / Parvo / Corona / Kennel Cough / Heartworm Test

Feline Vaccines (circle): Rabies / FeLv / FVRCP

**PET HISTORY**

Previous Illnesses / Surgeries : \_\_\_\_\_

Any known allergies / drug reactions: \_\_\_\_\_

Currently on medications? Yes/No Specity: \_\_\_\_\_

Do you have any special concerns with your pet's health?: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Canned / Dry (circle)

Where did you get your pet? Pet Shop / Humane Society / Breeder / Friend or Family / Found / Other: \_\_\_\_\_

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**PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED**

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The undersigned assumes responsibility for payment at time of services unless otherwise arranged with the representing Veterinarian. A monthly service charge of 1.5% will be applied to all accounts outstanding beyond 30 days from the date the services are performed. Further, the undersigned will be responsible for all costs of collection including reasonable attorneys fees and court costs, if necessary.

**Signature:**