

Critter Clinic

Client # _____

New Client Information

*Last Name _____ *First Name _____

*Address _____

*City _____ State _____ Zip _____

*Home Phone () _____ Cell Phone () _____

Social Security# _____

*Employer _____ Wrk Phone () _____

Email Address: _____

Spouses Information

*Spouse Last Name _____ *Spouses First Name _____

Spouse Cell Phone () _____

*Spouses Employer _____ Wrk Phone () _____

Spouse Email Address: _____

Email addresses will only be used for Appointment, Recheck, and Vaccination reminders and any specials the Critter Clinic is offering. It will NOT be given to any third party company. (We don't like junk mail either.)

*Check here if you are eligible for our SENIOR DISCOUNT (age 65 or over)

*How did you select our Hospital? (ie-Internet (Google?), Dex Phone Book, Advertising, Location?)

*If referred by one of our clients, please enter name:

**Note to our clients: We try to stay on time with our appointments to respect our clients time, so please if you are going to be late give us a call so we may reschedule you and make sure we allow enough time for your and your pets needs to be met.

Pet Information

Client # _____

_) Pet's Name _____

Species (Circle One): Dog Cat Other _____

Sex: Female Male

Female Spayed Male Neutered

*Breed: _____ Color: _____

*Birthdate _____ Weight: _____

*Date of Last Vaccinations:

Canine Feline

DHPP _____ FVRCP _____

Coronavirus _____ FeLV _____

Bordatella _____ FIP _____

Rabies _____ Rabies _____

Does your dog have an ID Chip? Yes No IF Yes ID Chip # _____

Please Circle one Avid Chip Home Again Chip Other _____

*Is your pet currently taking any medication? If so, please list them: _____

*Please list any allergies your pet may have. _____

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