

Woods Avenue Animal Clinic

New Client/Pet Form *(please print)*

Pet Owner's Name _____ Spouse or Co-owner _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____ How did you hear about us? _____

How do you prefer we contact you? (please mark first choice as "1", second choice as "2", etc.)

Home# __ Cell# __ Work# __ Email __ Mail __ Other __ (please explain) _____

Reason for today's visit _____

Do you have Pet Insurance YES NO If no, are you interested in Pet Insurance? YES NO

Are there other pets in your household? YES NO
If yes, please indicate quantity below:

Dogs ___ Cats ___ Birds ___ Reptiles ___ Ferrets ___

Other (Please specify) _____

Pet Information

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Gender (circle one) Male Female

Spayed/Neutered YES NO

Medical Conditions

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

Current Medications

Date of last fecal test _____

Vaccination History

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

Canine Distemper / Parvo _____

Corona virus _____ 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 _____

Flea Preventative _____

Microchip Identification # _____

Medical Records

Name of hospital where they can be obtained

BE A RESPONSIBLE PET OWNER

At Woods Avenue Animal Clinic 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 your pets happy, healthy, and safe.

Payment is expected at the time services are rendered. Estimates are always available upon request.

Signature of Owner

Date

Registered by _____