

New Client / Pet Form

Pet Owner's Name _____
 Address _____
 Suburb/City _____ State _____ Postcode _____
 Home Phone _____ Work Phone _____
 Mobile Phone _____ Emergency Phone _____
 Spouse or Co-Owner Name _____ Work Phone _____
 E-mail address _____
 How did you hear about us? _____
 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 Birds Reptiles Ferrets Other

PET INFORMATION

Pet's Name _____ Birth Date / / _____
 Species _____ Colour _____ Breed _____
 Female – Desexed YES NO Male – Desexed YES NO
 Medical Conditions that we need to be aware of (allergies, drug reactions, heart conditions, etc.) _____
 What does your pet eat? Dry Brand _____ Canned Brand _____
 Table Scraps YES NO

Vaccination History (indicate the date (dd/mm/yy) your pet last received the following vaccinations)

CANINE	FELINE
Distemper / / _____	Rhinotracheitis / / _____
Parvovirus / / _____	Calicivirus / / _____
Hepatitis / / _____	Panleucopenia / / _____
Bordetella / / _____	Leukaemia / / _____
Parainfluenza / / _____	Chlamydophila / / _____
Other / / _____	FIV / / _____
	Other / / _____

Heartworm, Intestinal Worm and Flea Prevention

When is the last time your pet received Heartworm prevention? Date / / Brand _____
 When is the last time your pet received Intestinal Worming prevention? Date / / Brand _____
 When is the last time your pet received Flea prevention? Date / / Brand _____

Dental Care

Do you brush your pet's teeth? YES NO
 Date of last in clinic dental cleaning / / _____

Medical records

Name of veterinary clinic/surgery where they can be obtained _____