

Date _____



New Client/Pet Form

Pet Owner 's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address(for reminders and announcements only) _____

Spouse or Co-Owner _____

Occupation _____ Work Phone _____

Emergency Contact _____

How did you hear about Just for Pets Animal Clinic? _____

Ages of children living at home with pet(s)

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 (list additional pets on back)

Pet's Name _____

Birth Date/Age _____

Species _____ Breed _____

Color _____

Female Spayed **YES** **NO**

Male Neutered **YES** **NO**

Medical Conditions

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

Reason for Today's Visit

Vaccination History (date/year)

Canine Distemper / Parvo _____

Coronavirus _____ Bordatella _____

Lyme _____

Leptospirosis _____ Canine Influenza _____

Feline Distemper(FVRCP) _____

Rabies _____ Feline Leukemia _____

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, Brand _____

Does your pet have a Microchip ? _____

All professional fees are due at time services are rendered.

Signature _____

Date _____