

WELCOME

DATE: _____

Thank you for giving us the opportunity to care for your pet(s). To become better acquainted, please complete the following:

Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Best Time to Reach You: _____

Drivers License: _____ E-mail Address: _____

In Case of Emergency, call: _____ Emergency Phone #: _____

How did you hear about us? _____ Whom May We Thank? _____

All Fees Are Due At The Time Services Are Rendered, therefore, I assume responsibility for all charges incurred in the care of this animal(s). I also understand that these charges will be paid by the time of release and that a deposit may be required for treatment.

Owner or Responsible Party (SIGNATURE) _____

WHO'S WHO

NAME OF PET: _____

NAME OF PET: _____

BIRTH DATE: _____

BIRTH DATE: _____

SPECIES: _____ SEX: _____

SPECIES: _____ SEX: _____

BREED: _____ COLOR: _____

BREED: _____ COLOR: _____

HISTORY/CANINE

DATE GIVEN:

DATE GIVEN:

DATE GIVEN:

Rabies			
Distemper Parvo Corona Combo			
Bordetella			
Heartworm test and/or Prevention?			
Spayed/Neutered?			

HISTORY/FELINE

DATE GIVEN:

DATE GIVEN:

DATE GIVEN:

Feline Leukemia			
Feline Distemper			
Bordetella			
Feline Rabies			
Leukemia/FIV Test			
Spayed/Neutered?			

Any previous serious allergies or surgeries?

Any allergies to vaccinations or medications?

Is your pet on any special diets or medications?

Would you like to be present during the treatment of your pet? YES NO

THANK YOU FROM THE STAFF AT BUSH ANIMAL CLINIC