

# Welcome to All Creatures Veterinary Clinic

*So that we may get better acquainted, please complete the following...*

## Client Information

Name \_\_\_\_\_

Phone-Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Today's Date** \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Phone-Work \_\_\_\_\_

Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_

E-mail address \_\_\_\_\_

**Would you like us to send you reminders  
via Mail \_\_\_\_\_ or E-mail \_\_\_\_\_?**

How did you become aware of our clinic? Drove by \_\_\_ Yellow Pages \_\_\_ Internet \_\_\_  
Personal recommendation \_\_\_ If so, whom may we thank? \_\_\_\_\_

## Pet Information

Dog

Cat

Other

Name \_\_\_\_\_

Breed \_\_\_\_\_

Age/Birthdate \_\_\_\_\_

Color \_\_\_\_\_

Sex \_\_\_\_\_

Please give approximate

Dates of Last \_\_\_\_\_

Rabies shot \_\_\_\_\_

Distemper/  
Parvo \_\_\_\_\_ Distemper/  
Upper Respiratory \_\_\_\_\_

Kennel Cough \_\_\_\_\_

Lyme \_\_\_\_\_ Feline Leukemia \_\_\_\_\_

Heartworm test \_\_\_\_\_

Fecal \_\_\_\_\_

Has your pet had any reaction to  
Vaccinations or medications?  
\_\_\_\_\_  
\_\_\_\_\_

Any previous illnesses or injuries?  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet on heartworm preventative year  
round? \_\_\_\_\_

Would you like more information on –

Vaccinations \_\_\_ Spay/Neuter \_\_\_ Declaw \_\_\_ Weight loss \_\_\_ Arthritis \_\_\_ Heartworms \_\_\_

Heart Disease \_\_\_ Kidney Disease \_\_\_ Liver Disease \_\_\_ Thyroid Problems \_\_\_

Feline Leukemia \_\_\_ Feline Immunodeficiency Virus \_\_\_

Is your pet on any current medications?  
\_\_\_\_\_  
\_\_\_\_\_

What type of food do you feed?  
\_\_\_\_\_

Where does your pet stay? Indoors or  
Outdoors? \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME OF SERVICES RENDERED – THANK YOU.**