

# CARBON COUNTY VETERINARY HOSPITAL

Warner McFarland, DVM ~ Molly Meyer, DVM ~ Amanda Daniels, DVM

## New Pet Information Form

### Client Information

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

(If you've listed a PO Box, please give a street address too)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Visit our website --- [www.carboncountyvet.com](http://www.carboncountyvet.com) . We would like to keep in touch with you!

### Pet Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

When was your pet's last visit to his/her Veterinarian? \_\_\_\_\_

Has your pet been spayed or neutered? \_\_\_\_\_ Microchipped? \_\_\_\_\_ Are vaccines current? \_\_\_\_\_

Please list any prior illnesses or surgeries we should know about: \_\_\_\_\_

Please list any known drug or vaccine allergy: \_\_\_\_\_

Dates of last vaccinations or tests:

**Dog:** DA2PL P/C vaccination: \_\_\_\_\_

Rabies vaccination: \_\_\_\_\_

Bordetella vaccination: \_\_\_\_\_

Rattlesnake vaccination: \_\_\_\_\_

Fecal: \_\_\_\_\_

**Cat:** CVR-C vaccination: \_\_\_\_\_

Rabies vaccination: \_\_\_\_\_

Leukemia vaccination: \_\_\_\_\_

Fecal: \_\_\_\_\_

Contact Person in Case of Emergency - Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Upon request we will gladly provide you with a written estimate. PLEASE NOTE THAT ALL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED. We accept Cash, Visa, MasterCard, Discover, Care Credit, and Personal Check (We will honor a personal check by using CrossCheck, Inc.

*Taking Care of All God's Creatures*