

Carbon County Veterinary Hospital

Warner McFarland, DVM ~ Amanda Shively, DVM ~ Lorna McPeck, DVM

New Pet Information Form

Client Information

Owner Name: _____ Date: _____

Address: _____
(If you listed a PO Box, please give your street address too)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email Address: (1) _____ (2) _____

Visit our website--- carboncountyveter.com. We would like to keep in touch with you!

Pet Information

Name: _____ Birthdate: _____ 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/PC vaccination: _____

Rabies vaccination: _____

Cat:
CVR-C vaccination: _____

Rabies vaccination: _____

Bordetella vaccination: _____

Leukemia vaccine:

Rattlesnake vaccination: _____

Fecal exam:

Fecal exam: _____

Contact person in case of emergency:

Phone number: _____ Relationship to
client: _____

Upon request we will gladly provide you with an 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