

# New Client / Pet Form

Pet Owner's Name: \_\_\_\_\_

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

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Spouse or Co-Owner Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

Referred by (We would like to thank them.) \_\_\_\_\_

Are there other pets in your household?

YES  NO

If yes, please indicate quantity below:

Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Birds: \_\_\_\_\_ Reptiles: \_\_\_\_\_

Ferrets: \_\_\_\_\_ Other: \_\_\_\_\_

## Pet information

Pet's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Species: \_\_\_\_\_ Colour: \_\_\_\_\_

Breed: \_\_\_\_\_

Female – Desexed  YES  NO

Male – Desexed  YES  NO

## Medical Conditions that we need to be aware of

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

\_\_\_\_\_

## What does your pet eat?

Dry Brand: \_\_\_\_\_

Canned Brand: \_\_\_\_\_

Table Scraps? \_\_\_\_\_

## Vaccination History

(indicate the date (dd/mm/yy) your pet last received the following vaccinations)

### Canine

Distemper: \_\_\_\_\_ Parvovirus: \_\_\_\_\_

Hepatitis: \_\_\_\_\_ Bordetella: \_\_\_\_\_

Parainfluenza: \_\_\_\_\_

Other: \_\_\_\_\_

### Feline

Rhinotracheitis: \_\_\_\_\_ Calicivirus: \_\_\_\_\_

Panleucopaenia: \_\_\_\_\_ Leukaemia: \_\_\_\_\_

Chlamydophila: \_\_\_\_\_ FIV: \_\_\_\_\_

Other: \_\_\_\_\_

## Dental Care

Do you brush your pet's teeth?  YES  NO

Date of last in clinic dental cleaning? \_\_\_\_\_

## Heartworm Preventative

When is the last time your pet received heartworm prevention?

Date (dd/mm/yy): \_\_\_\_\_  never

What brand? \_\_\_\_\_

## Medical records

Name of veterinary clinic/surgery where they can be obtained:

\_\_\_\_\_