



## Jamesburg Veterinary Hospital

### CLIENT Information:(owner)

(Please Print Clearly)

Client ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

**If Paying by Check or Credit Card please provide the following:**

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

### PATIENT Information:(pet)

Name: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ wks. / mos. / yrs.

Sex: Male Neutered **or** Female Spayed Species: Canine Feline Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Allergies: \_\_\_\_\_

**\*Is your pet currently taking any medications? Please list the name(s) and dose(s).**

### Please Answer these Questions:

1) **When you travel, where does your pet stay?**

- A. Travel with you
- B. Go to kennel
- C. Stay with pet-sitter
- D. Other

2) **Where does your pet sleep?**

- A. In a crate
- B. In your bed
- C. In his/her bed
- D. Other

3) **How did you hear about us?** \_\_\_\_\_

### Vaccine History (please fill in)

**Canine:** (Due Dates - month and year)

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

DHLPP: \_\_\_\_\_

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

Lyme: \_\_\_\_\_

Influenza: \_\_\_\_\_

HWT: \_\_\_\_\_

**Feline:** (Due Dates - month and year)

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

FVRCP: \_\_\_\_\_

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