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## NEW CLIENT INFORMATION

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Spouse or Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (Include Apartment Number) City State Zip Code

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

How did you hear about us?  Website  Online Reviews  Google  Park Bugle  Lavender Magazine  
 Humane Society  Angie's List  Pet Project Rescue  Cause for Paws  Har Mar Pet Store  
 Other: \_\_\_\_\_  Referral: \_\_\_\_\_

## PET INFORMATION

Pet Name: \_\_\_\_\_ Date of Birth or Age: \_\_\_\_\_

Species:  Canine  Feline  Avian  Other \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex:  Male  Female Spayed/Neutered:  Yes Date \_\_\_\_\_  No

Reason for Today's Visit: \_\_\_\_\_

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Vaccination History:

<input type="checkbox"/> Rabies	Last Date: _____	<input type="checkbox"/> Lyme	Last Date: _____
<input type="checkbox"/> Distemper	Last Date: _____	<input type="checkbox"/> Bordetella	Last Date: _____
<input type="checkbox"/> Feline Leukemia	Last Date: _____	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Leptospirosis	Last Date: _____		

***PLEASE NOTE THAT PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.***