



### Wellness Clinic Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Pet name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ weeks / months / years

Species:  dog  cat  rabbit

Sex:  male  female  spayed or neutered

Microchipped:  yes  no If "no," would you like to chip your pet today? \_\_\_\_\_

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

Color: \_\_\_\_\_

Any known reactions to vaccinations, drugs, anesthesia, or medications?

no  yes If "yes," please explain:

\_\_\_\_\_

List any medications your pet has taken in the past month and why. What monthly heartworm and flea prevention do you administer, if any? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

2/22/2017