Client Information Form

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Owner | |  | | | |  | |  | | | |
|  | | First Name | | | | Last Name | |  | | | |
| Secondary Owner | |  | | | |  | |  | | | |
|  | | First Name | | | | Last Name | |  | | | |
| Address | |  | | | |  | |  | | | |
| Postcode | |  | | | |  | |  | | | |
| Phone | |  | | | |  | |  | | | |
|  | | Primary | | | | Secondary | | Other | | | |
| Email address | |  | | | |  | |  | | | |
| Previous Vet | |  | | | |  | |  | | | |
| Pet Information | | | | | | (Circle where appropriate) | | | | | |
| Pet 1 | | | | | | Pet 2 | | | | | |
| Name | |  | | | | Name | |  | | | |
| Dog | | Cat | | | | Dog | | Cat | | | |
| Male | | Female | | | | Male | | Female | | | |
| Neutered | | Not neutered | | | | Neutered | | Not neutered | | | |
| Breed | |  | | | | Breed | |  | | | |
| Colour | | | | | | Colour | | | | | |
| Age | years | | | months | | Age | years | | | months | |
|  | | | Approx if unknown | | |  | | | Approx if unknown | | |
| Microchip | | | YES | | NO | Microchip | | | YES | | NO |
| Date of Last Vaccination | | |  | | | Date of Last Vaccination | | |  | | |
| Kennel Cough Vaccinated? | | | YES | | NO | Kennel Cough Vaccinated? | | | YES | | NO |
| (Dogs Only) | | |  | | | (Dogs Only) | | |  | | |
| Current medications? | | |  | | | Current medications? | | |  | | |
| Any previous surgery? | | |  | | | Any previous surgery? | | |  | | |
| Any allergies? | | |  | | | Any allergies? | | |  | | |
| Is your pet insured? | | |  | | | Is your pet insured? | | |  | | |