

Farmersville Veterinary Clinic New Client / Pet Form
email to: farmersvillevetclinic@gmail.com

Pet Owner Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Email: _____

Spouse or Co-Owner: _____ Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about us?: _____

Are there other pets in your household?: YES or NO

If yes, please indicate species and quantity:

Pet Information

Pet Name: _____ Birth Date: _____

Species: _____ Breed: _____ Color: _____

Sex of Pet: Female _____ Male _____ Spayed/Neutered: YES or NO

Vaccination History:

Canine: Distemper/Parvo _____ Bordetella: _____ Rabies: _____

Other vaccination history:

Feline: Distemper: _____ Bordetella: _____ Leukemia: _____

Rabies: _____ Other vaccination history: _____

Medical Conditions:

Date of last dental cleaning: _____

Heartworm Preventative: YES or NO If yes, brand: _____

Microchip identification number (if applicable): _____

Medical Records (please list name and number of veterinary hospital where records may be obtained:

Signature: _____ Date: _____