



47 Boone Dr, Troutville VA 24175 | t: (540) 966-1992

Client First and Last Name:

Spouse / co-parent name:

Pet's Name:

Home Phone:

Work Phone:

Cell Phone:

Address:

Occupation:

Email:

Species:

Breed:

Sex:

Male

Female

Neuter/ Spay Please Choose:

Yes

No

Color:

Date of Birth, if known:

Microchipped?

Yes

No

If so, Microchip#:

Where did you acquire your pet?

Breeder

Shop

Shelter

Rescue

Private

Other

What do you feed?

Canned

Dry

Semi-moist

How many times per day do you feed your pet?

Do you feed your pet "People Food"?

Yes

No

Where does she/he sleep?

Floor

My Bed

Dog House

Garage

Dirt

Where does he spend the Day?

Where does he spend the Night?

What do you do to control Fleas?

Do you ever see Ticks in your yard or on your pet?

Yes

No

Do you take the pet Hiking or Camping? Yes No

If your pet is a cat, is he/she declawed? Yes No

Do you expect your pet to be?

Family Dog Lap Dog Hunting Dog Guard Dog Yard Dog Show Dog
Service Dog Therapy Dog Breeder Other

Are there Other Pets in the household? Yes No

Dogs#

Cats #

Other #

Are there Stray or Domestic Animals in the neighborhood?

Are there Wild Animals that come through your neighborhood?

Are there any problems with Aggression, Cowering, Urinating, Defecating or other Behavioral Problems that you would like to discuss?

Permission to obtain previous medical records? Yes No

Clinic Name:

Phone: