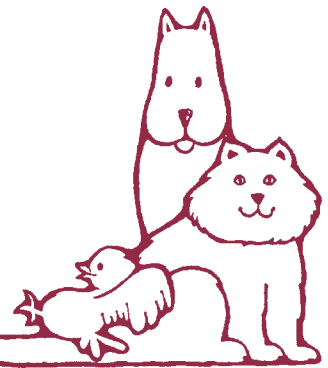


ANGELES CLINIC FOR ANIMALS



160 Del Guzzi Dr., Port Angeles, WA 98362

(360) 452-7686

WELCOME

Client Information

Date: _____ Date of birth _____

Name (last name first): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Emergency Contact Name: _____ Phone Number: _____

Email: _____

How did you learn of our clinic?: Yellow Pages Location Other Recommendation

Referral: Whom may we thank for referring you? _____

Pet #1 Information

Pet's Name: _____ Dog Cat Other _____

Sex: M F Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed: Yes No At what age?: _____

What age was pet obtained?: _____

From: Friend Breeder Pet Shop Humane Society Other: _____

Describe your pet's diet: _____

List your pet's current medication: _____

Pet's History (check all that pet has received):

Distemper Feline Leukemia/FIV Test Kennel Cough Vaccine

Parvovirus (dog) FVRCP (Infectious Disease-Cat)

Rabies Feline Leukemia Vaccine Recent Parasite Test

Prior Illness: _____ Prior Surgery: _____

Prior Veterinarian _____

Authorization

I authorize the veterinarian to examine, prescribe for, or treat the above pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date _____

Balances left unpaid after 90 days may be sent to collections where additional fees could apply.

Pet #2 Information

Pet's Name: _____ Dog Cat Other _____

Sex: M F Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed: Yes No At what age?: _____

What age was pet obtained?: _____

From: Friend Breeder Pet Shop Humane Society Other: _____

Describe your pet's diet: _____

List your pet's current medication: _____

Pet's History (check all that pet has received):

Distemper Feline Leukemia/FIV Test Kennel Cough Vaccine

Parvovirus (dog) FVRCP (Infectious Disease-Cat)

Rabies Feline Leukemia Vaccine Recent Parasite Test

Prior Illness: _____ Prior Surgery: _____

Prior Veterinarian _____

Pet #3 Information

Pet's Name: _____ Dog Cat Other _____

Sex: M F Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed: Yes No At what age?: _____

What age was pet obtained?: _____

From: Friend Breeder Pet Shop Humane Society Other: _____

Describe your pet's diet: _____

List your pet's current medication: _____

Pet's History (check all that pet has received):

Distemper Feline Leukemia/FIV Test Kennel Cough Vaccine

Parvovirus (dog) FVRCP (Infectious Disease-Cat)

Rabies Feline Leukemia Vaccine Recent Parasite Test

Prior Illness: _____ Prior Surgery: _____

Prior Veterinarian _____