



**Client Information – Welcome to Yokayo Veterinary Center!**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Physical Address (If Different From Above):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Secondary Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Patient Information**

**Animal's Name:** \_\_\_\_\_

**Type of Animal:** \_\_\_ **Canine** \_\_\_ **Feline** \_\_\_ **Other:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Male/Female (Circle One):** **Male** **Female** **Spayed/Neutered?** **Yes**  
**No**

**Date of Birth (If Known):** \_\_\_\_\_ **Rabies Vaccine?** **Yes** **No**

**Previous Veterinarian:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**I authorize Yokayo Veterinary Center to request patient records from past veterinary clinics for my animal(s).**

**Client Signature:** \_\_\_\_\_