CLIENT NAME: ____
SPOUSE (husband/wife/partner): _______________________________________
MAILING ADDRESS: ____
ADDRESS LINE 2: ____
TOWN – STATE: ___________________________ ZIP: _________________
HOME PHONE: (__________) __________ - ______________
WORK PHONE: (__________) __________ - ______________ EXT ___________
SPOUSE'S WORK: (__________) __________ - ______________ EXT ___________
E-MAIL ADDRESS: _____________________ @ _________________
WOULD YOU LIKE TO RECEIVE OUR E-MAIL NEWSLETTER? YES / NO

PET'S NAME: _________________________________
SPECIES: _________________________ BREED: ____________________________
SEX: M / F Has you pet been spayed/neutered? YES / NO
BORN: ____/____/____ or AGE: _________ COLOR: ________________ WT: ______

Has your pet had a distemper vaccination in the last year? YES / NO If yes, month? ___
Is your dog on heartworm prevention? YES / NO If yes, Daily / Monthly?
Has your pet ever had a rabies vaccination? YES / NO
If yes, what month and year? ____/____
Has your dog ever had a Lyme vaccination? YES / NO
If yes, what month and year? ____/____
Has your cat been vaccinated for feline leukemia? YES / NO
If yes, what month and year? ____/____
If you are unsure of the dates, do you know at which veterinarian the vaccinations were given to your pet?
Dr./Hospital: ____
.____
Are there any health problems, past or present, we should know about your pet (eg seizures, drug reactions, allergies)? YES / NO If yes, please explain: _______________
.____
____
________________________________.

Is your pet on any medication at this time? YES / NO
If yes, what? ____
How often? ____
Prescribed by? Dr. _________________________

Are you currently in the military service? YES/NO

I hereby certify that the information provided is correct to the best of my knowledge. I am aware of the Pomfret Small Animal Clinic's payment policy that clearly states that payment is expected in full at the time of my pet's discharge. (We accept cash, personal checks, MasterCard, Visa, Discover, and American Express). Credit is available through Care Credit (Dencharge) from Bank One. Please request an application if needed.

Date: ____/____/____ Signature: ______________________________________

If you will be paying by check, please supply your driver's license number this one time so we do not have to ask you for it again:
Driver's License #: ______________________________ STATE: _________________

WRITTEN AND PHONE ESTIMATES ARE AVAILABLE UPON REQUEST

Is an estimate required before additional treatment beyond examination, immediate life support, and those services requested is performed? YES / NO
If yes, how can we contact you: ______________________________________