

Clear Creek Animal Hospital
New Client/ Patient Questionnaire

Date: _____

Owner's Name: _____

Address: _____

City/Zip _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Pet's Name: _____ Age: _____ Sex: Male/ Female, Neutered/ Spayed

Color: _____ Breed: _____

Date of last vaccinations:

DOG

Rabies _____ 3 year or 1 year vaccination given?

Distemper/ Parvo _____ 3 year or 1 year vaccination given?

Bordetella _____ Nasal or Injection given?

Leptospirosis _____

Canine Influenza _____

CAT

Rabies _____ 1 or 3 year

FVRCP _____ 1 or 3 year

FELV _____

Other _____

REASON FOR YOUR VISIT TODAY: _____

Does this pet belong to you or are you Fostering? _____

Where did your pet come from? _____

How long has your pet been at home? _____

Is your pet indoors only? _____

Do you live in the Mountains? _____

Does your pet have any behavior problems you'd like to discuss? _____

Is your dog or cat on heartworm prevention? Yes/No If yes, 6months____ or 12months____

Is there any pertinent past history we need to know about? _____

Name of Other Pet at Home	Dog/Cat	Age	Breed	Color
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you hear about us? _____