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New Pet Information Form

Today's Date: _____

Are you a new client or an established client? *(Circle one)* New Established

Can we contact your previous veterinarian for records *(circle one)* Yes No

Please list previous veterinarian(s) contact information below:

Client's Name: _____

Pet's Name: _____ Microchip ID: _____

Species: *(circle one)* Canine Feline

Gender: *(circle one)* Male Female

Spayed/Neutered: *(circle one)* Yes No

Birth date/Age: _____

Breed: _____

Color: _____

Current Medications/Supplements

(drug name, concentration, and dosing frequency, if known):

Heartworm Preventative: _____

Last given/applied: _____

Flea/Tick Preventative: _____

Last given/applied: _____

List previous/current medical concerns or surgeries: *(please include dates, if known)*

