

WELCOME
Canton Road Veterinary Hospital
New Client Information

Date: _____

Owner: Last Name _____ First Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Spouse Name: _____ Work Phone: _____ Cell Phone: _____

TELL US ABOUT YOUR PET (S)

1st Pet: _____ 2nd Pet: _____ 3rd Pet: _____

Name: _____

Canine/Feline: _____

Breed: _____

Sex: _____

Spay or Neutered? Yes _____ No _____

Does your pet have a Microchip? Yes _____ No _____

Color: _____

DOB: _____
(approx. age)

When were pet's vaccinations given? _____

Where were pet's vaccinations given? _____

Were the following vaccinations included?

(Feline) Feline Leukemia Yes _____ No _____
Feline Infectious Peritonitis Yes _____ No _____
(Canine) Bordetella (kennel cough) Yes _____ No _____
Corona Yes _____ No _____

Owner or responsible party (please sign) _____

Drivers License Number _____ State _____ Exp _____

We do require all animals in our clinic to have vaccinations brought up to date by a licensed veterinarian. Please have proof of vaccinations when bringing pet, or if more convenient, we will be glad to update them for you.