

**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)**

1<sup>st</sup> Pet: \_\_\_\_\_ 2<sup>nd</sup> Pet: \_\_\_\_\_ 3<sup>rd</sup> 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.