

Canadensis Veterinary Clinic  
Client Information

Please fill in all blanks.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\*\*Please circle if you have call blocking: yes/ no (This will impair our ability to call you)

Email Address: \_\_\_\_\_ Alternate/spouse Email address: \_\_\_\_\_  
We communicate via email when vaccines are due or when lab work is back. We also give updates when pet is hospitalized.

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street address: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse/Relative/Sig.Other: \_\_\_\_\_

Referred by: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Pet Information**

Name	Color	Sex (M/F)	Date of Birth	Neutered (Y/N)	Breed
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I consent to having my pet's photo taken (we sometimes use the photos on facebook or brochures) YES / NO

**Date and location of vaccinations/medical treatments**

Distemper	Rabies Vaccine	Leukemia Vaccine	Lyme:
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Bordetella Vaccine	Heartworm Test	Feline Leukemia/Aids Test
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Previous records at (name and phone of veterinarian) \_\_\_\_\_

**Illness/allergies/Surgeries: Please list pet name and any pertinent medical history :**

\_\_\_\_\_  
\_\_\_\_\_