

Waukee-Clive Veterinary Clinic

New Pet Information

Owner's Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home #: _____ Work #: _____ Cell #: _____

Pet's Name: _____ Date of Birth/Age: _____

Species: _____ Breed: _____ Color: _____

Male Neutered Male Female Spayed Female

How long have you had this pet? _____

Where did this pet come from? ARL _____ Breeder _____ Other _____

Name of shelter or breeder: _____

Name of previous veterinarian if we need to transfer records: _____

Reason for today's visit _____

Any particular questions or concerns? _____

Professional fees are due at time of service. We accept cash, checks and most credit cards. We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor.

To prevent the spread of infectious disease, ALL hospitalized pets and those pets that are boarded must be current on all vaccines, heartworm test, and fecal exam. If they are not, we will vaccinate them, etc. and you will be responsible for payment of bringing your pets' vaccinations up to date.

Signature: _____ Date: _____