



Portland Animal Clinic New Client

Owner's First and Last Name _____ Spouse's name _____

Mailing Address: _____ City: _____ Zip _____

Primary phone number: _____ Secondary phone number: _____

E-mail address: _____

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

Breed: _____

Please circle species/sex: Canine/ Feline Sex: M F Spayed/Neutered

Previous veterinarian where past records could be obtained: _____

Vaccinations: Please list day, month and year given, if known

Canine

Feline

Rabies: _____

FVRCP: _____

DHPP: _____

Rabies: _____

Bordetella: _____

Leukemia: _____

Leptosporosis: _____

Microchip number: _____

Has your pet been out of state recently? ____ Yes ____ No If yes, where? _____

Does your cat go outside? ____ Yes ____ No

Name of food _____

Is your pet on any medications? _____

Please list any previous illnesses/injuries for your pet:

How did you hear about us? _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical or critical care treatment. I understand that any unpaid charges will be subject to a finance charge after 30 days.

Signature of Owner _____ Date _____

Driver's License number _____