



Client Information Sheet

Revision Date ___/___/___

Your Name _____ Home Phone _____ - _____ - _____
 Address _____ E mail _____
 City _____ State _____ Zip _____ Cell or Work Phone _____ - _____ - _____
 Employer _____ Occupation _____ SSN _____
 Spouse/Other Name _____ Cell or Work Phone _____ - _____ - _____
 Spouse/Other Employer _____ Occupation _____
 Children (First Names and Ages) _____

| | Pet A | Pet B | Pet C |
|----------------------------|--------------|--------------|--------------|
| Pet's Name | | | |
| Breed/Species | | | |
| Date of Birth | | | |
| Color/Markings | | | |
| Sex/Spayed/Neutered | | | |
| Brand/Type of Food | | | |
| Microchip/Tattoo # | | | |

Previous medical problems? _____

Is your pet(s) on heartworm preventative? YES NO
 Is your pet(s) troubled with fleas or ticks? YES NO

Vaccination Dates (Approximate Date is Okay)

| Vaccine | Pet A | Pet B | Pet C |
|--|--------------|--------------|--------------|
| Canine Distemper/Parvo (DHLPP / DA ₂ LPP) | | | |
| Kennel Cough (Bordetella) | | | |
| Lyme Disease (Canine) | | | |
| Rabies | | | |
| Feline Distemper (FVRCP) | | | |
| Feline Leukemia (FeLV) | | | |
| Feline Infectious Peritonitis (FIP) | | | |

How Did You Hear About Us?

Location Referral Individual We May Thank? _____
 AT&T Yellow Pages St. Louis Book AT&T Yellow Pages West County
 Ellisville City Directory Internet www.yelp.com Wildwood Theater
 Web Site (www.manchesterwestvet.com) Other _____