Huntley Animal Care

CLIENT INFORMATION

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET. Please help us meet your needs better by taking a moment to share important information which we will need as we provide your pet's health care today and in the future. Please fill out the following information for our files. All information is kept in strict confidence. Also, if there are any future changes, please let us know immediately so we can keep our information current. *Thank You!*

Owner's Name _____
LAST FIRST SPOUSE/OTHER

Address _____
CITY STATE ZIP

Primary Phone Number _____ Email_____

McHenry, Kane, Lake or other _____

Please fill out for **all** your pets	**#1**	**#2**	**#3**
Pet's Name:			
Species (cat, dog, other):			
Breed:			
Description (Color):			
Age/Date of Birth:			
Sex:			
Spayed/Neutered:			
Microchip Number:			
VACCINATIONS	***Please write down the dates the vaccines were given.***		
DHLPP—Distemper/Parvo (dog)			
Bordetella—Kennel Cough (dog)			
Leptospirosis(dog)			
Lyme (dog)			
Rabies (dog/cat) 1 yr./ 3 yr.			
Heartworm Test (dog)			
Heartworm Prevention? (dog)			
FVRCP—Infectious Diseases (cat)			
FELV—Feline Leukemia (cat)			
FIP—Feline Infectious Peritonitis			
FELV Test or FIV Test? (cat)			
Fecal Test (stool exam for worms)			
Medical History—Prior Illness/Surgery:			

HOW DID YOU HEAR ABOUT OUR PRACTICE?

☐ Individual, someone we may thank? _____

☐ Lifestyles Publication ☐ Mailing ☐ Other _____

Do you qualify for our Senior Citizen Discount? (Age 55 or older) Yes ☐ D.O.B._____ No ☐

May we use your pet's picture on our social media/hospital website? **YES** or **NO**

Signature_____ **Date**_____

NEXT PAGE: