



DATE _____ HOW DID YOU HEAR ABOUT US? _____

OWNER NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ CELL _____

HOME _____ ALTERNATE _____

EMPLOYER _____ WORK PHONE _____

PET INFO (PLEASE FILL OUT TO THE BEST OF YOUR KNOWLEDGE):

NAME _____ SPECIES _____

BREED _____ COLOR _____

AGE (DOB) _____ SEX _____

SPAYED / NEUTERED? YES or NO

RABIES VACCINE CURRENT? YES or NO

CURRENTLY ON FLEA/TICK PREVENTION? YES or NO

ON HEARTWORM PREVENTION? YES or NO

DOES YOUR PET LIVE PRIMARILY: INDOORS, OUTDOORS, or BOTH

REASON FOR TODAY'S VISIT? _____

DOES YOUR PET HAVE ANY HISTORY OF **VACCINE REACTIONS**? _____

DOES YOUR PET HAVE ANY **HEALTH / MEDICAL** CONDITIONS THAT YOU ARE AWARE OF? _____

PAYMENT IS DUE IN FULL AT TIME OF SERVICES RENDERED. WE DO NOT ACCEPT CHECKS.

OWNER (CLIENT) SIGNATURE _____

Pet records may be emailed to us at bayshoreahnc@gmail.com or faxed to us at **910-939-5306**.