



## Additional Pet Information Form

For clients with multiple pets. Complete this form for each additional pet receiving care.

### PET INFORMATION

Name:

Species & Breed:

Age:

Spayed ☐    Neutered ☐    Intact ☐

Vaccine Status (Rabies,  
DHPP/FVRCP,  
Bordetella if applicable):

Allergies:

Current Medications:

Medical Conditions:

Has your pet ever shown aggression or bitten anyone? Yes ☐ No ☐

If yes, please explain:

### CLIENT AGREEMENT

I certify that the information provided above is accurate and complete for the additional pet.

Client Signature:

Date: