



Welcome To Shelton Veterinary Clinic

Thank You for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Owner's Name _____ Spouse/Other _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse Phone _____ Email _____

Place of Employment _____ Best Time To Reach You _____

In Case of EMERGENCY, Please Call _____

Pet(s) Health History

1. Pet's Name _____ DOB _____ Type of Animal: Canine Feline
Other _____
Male Female Neutered Male Spayed Female Breed _____ Color _____
Weight _____

2. Pet's Name _____ DOB _____ Type of Animal: Canine Feline
Other _____
Male Female Neutered Male Spayed Female Breed _____ Color _____
Weight _____

Vaccination History (Date and Type of Last Vaccinations)

Pet 1: _____

Pet 2: _____

Our Pet(s) is: _____ Member of the Family _____ Child's Pet _____ Backyard Pet

Any previous serious illnesses or Surgeries?

Any Allergies to vaccinations or medications? _____

Is your pet on any special diets or medication? _____

How did you become aware of our clinic? Drove By Yellow Pages Previous Client

All Fees Are Due At The Time Services Are Rendered

I understand that if at any time I do not make a scheduled payment, my account will be considered in default and Shelton Veterinary Clinic reserves the right to charge my account collection and/or attorney's fees necessary to collect the full amount due. I have read and understand the terms of this agreement.

Please indicate choice of payment: Cash Check Credit Card Care Credit

Signature _____

All information is kept confidential.