

## **Harvard Veterinary Clinic P.C.**

Owner's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever been to Harvard Veterinary Clinic **YES/NO**

How did you hear about us (ie: website, phone book, newspaper, friend, drove by, etc)? Were you a client referral? If so, whom can we thank? \_\_\_\_\_

### **Please fill out the following information about your pet:**

Pet's Name \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered: **YES/NO**

Date of Birth/Age \_\_\_\_\_ Color \_\_\_\_\_

Does your pet have any previous medical records from another hospital? **YES/NO**

If so, which hospitals should we be in contact with for those records? \_\_\_\_\_

Is your pet up to date on their Rabies vaccination? **YES/NO/UNSURE**

Is your pet on any medications? **YES/NO**

If yes, which medications and how often? \_\_\_\_\_