



PET KARE CLINIC

102 Anglers Drive Steamboat Springs, CO 80488

www.petkareclinic.com

CONGRATULATIONS ON YOUR NEW PET Please help us update our files. Has anything changed?

Name _____ Date _____

Mailing Address _____ Zip Code _____

Physical Address _____

"In case of emergency" contact _____ Phone Number _____

Home phone _____ Work Phone _____ Cell phone _____

Do you want your reminders sent by EMAIL _____ POSTCARD _____

If you selected email please provide your email address _____

Pet's Name _____

Dog _____ Cat _____ Other _____

Breed: _____

Color: _____

Birthdate: (approx if unknown) _____

Sex: _____ Spayed/Neutered? YES NO

Date of Last Vac- _____

If not spayed/neutered do you plan to breed? _____

Have you medicated your pet recently? _____

If yes, state medications _____

Has your pet been tested for heartworms? _____

Has your pet been on parasite preventative _____

Does your pet have a microchip/tattoo? _____

What brand food do you feed? _____

Canned or dry? _____

Has your pet had regular dental care? _____

How many hours is your pet outdoors? _____

Do you use your pet for hunting or sporting? _____

Pet's Name _____

Dog _____ Cat _____ Other _____

Breed: _____

Color: _____

Birthdate: (approx if unknown) _____

Sex: _____ Spayed/Neutered? YES NO

Date of Last Vaccines: _____

If not spayed/neutered do you plan to breed? _____

Have you medicated your pet recently? _____

If yes, state medications _____

Has your pet been tested for heartworms? _____

Has your pet been on parasite preventative _____

Does your pet have a microchip/tattoo? _____

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Canned or dry? _____

Has your pet had regular dental care? _____

How many hours is your pet outdoors? _____