



# Duluth Veterinary Hospital

2015 London Road, Duluth, MN 55812-2126

(218) 728-3616  
Fax (218) 728-6323

## Client Information

Owner (s): \_\_\_\_\_  
(Last) (First) (Spouse/Co-Owner)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

How did you choose this office? (circle one): Phone Book Location Friend/Family Internet Other \_\_\_\_\_

If you were referred by someone, whom may we thank for referring you? \_\_\_\_\_

## Animal Information

Name \_\_\_\_\_ Date/Year of Pet's Birth: \_\_\_\_\_

(circle one) Dog Cat Other: \_\_\_\_\_ Sex: M F

Breed: \_\_\_\_\_ Neutered/Spayed: Y N

Color/Markings: \_\_\_\_\_

How long has it been since your pet's last veterinary appointment? \_\_\_\_\_

Is your animal receiving any medications? \_\_\_\_\_

Does your animal have any drug allergies? \_\_\_\_\_

Date of Last Vaccinations: **DOG** **CAT**

Rabies \_\_\_\_\_ Rabies \_\_\_\_\_

Distemper-HPP \_\_\_\_\_ Distemper (RCP) \_\_\_\_\_

Lymes \_\_\_\_\_ Leukemia \_\_\_\_\_

Bordetella \_\_\_\_\_

Previous veterinarian(s) where past records could be obtained if necessary: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

PAYMENT IS REQUIREMENT WHEN SERVICE IS RENDERED. PLEASE CIRCLE FORM OF PAYMENT.

Cash Check Credit Card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date