POWDER SPRINGS
ANIMAL CLINIC

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Riaz H. Khan, DVM

New Client/Pet Form

Pet Owner's Name: _____

Address:_____ City:_____ State:_____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular Phone:_____ E-mail address: _____

Driver's License Number: _____ **Exp.Date:** _____ **State:** _____

Employer Address:_____ **City, State:**_____ **Zip:**_____

Spouse or Co-Owner:_____ Work Phone: _____

Emergency Contact:_____ **Emergency Contact Phone:** _____

Are there other pets in your household? YES NO

If yes, please indicate quantity below:

Dogs___ Cats____ Birds____ Reptiles___ Ferrets___

Other (Please specify)_____

Pet Information

Pet's Name: _____

Color: _____

Species: _____ Breed: _____ **DOB:**_____

Sex of Pet

Female ____ Spayed ____YES____ NO

Male ____ Neutered ____YES____ NO

Vaccination History

(indicate the date (month/year) your pet received the following vaccinations)

Canines:		**Felines:**	
Distemper/ Parvo	_____	**Distemper**	_____
Coronavirus	_____	**Leukemia**	_____
Bordatella	_____	**Feline F.I.P.**	_____
Rabies	_____	**Feline F.I.V.**	_____
Lyme	_____	**Rabies**	_____
Dental Vacc.	_____	**Intestinal Worm Test**	___
Heartworm Test	_____	**Other**	_____
Intestinal Worm test	____		
Other	_____		

Medical Conditions & Daily Medications

(allergies, drug reactions, heart conditions, etc.)

_____

_____

_____

Nutrition

Dry Brand: _____

Canned Brand: _____

Table Scraps? ___YES ___NO

Dental Care

Do you brush your pet's teeth? ___YES ___NO

Date of last dental cleaning?_____

Heartworm Preventative

Is your pet currently taking heartworm preventative?

___YES ___NO

If yes, Brand _____

Microchip Identification # _____

Medical Records

_____

Name of hospital where they can be obtained

_____

Phone number of hospital where they can be obtained

Method of Payment: Cash: _____ Check*: _____ Debit/Credit: _____

*IT IS COMPANY POLICY TO RUN ALL CHECKS ELECTRONICALLY. PLEASE PROVIDE PICTURE ID. PAYMENT IS REQUIRED EACH VISIT.