

Wags n' Whiskers

Date: _____ How did you hear about us? _____

Pet Name _____ Birthday (month/year) _____

Sex: Male/ Female Breed: _____ Color: _____

Vet Clinic: _____

Please check all that apply:

Spayed / Neutered

Blind

Current Vaccinations

Epileptic

* Date _____

Deaf

Rabies required. Bordetella & Distemper recommended.

Arthritic * Area _____

Allergies & Skin Sensitivities

* Please specify _____

Other / Comments _____

Owner Name (first & last) _____

Address (street, state, zip) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Prefer to be reminded by: TEXT EMAIL

Please give a 24 hour notice if unable to keep appointment. We reserve the right to charge for all established appointments