

Client Information Form

Today's date ___/___/___



pet #1 name _____

birth mo/yr _____ breed _____ sex **M** or **F**

how long has your pet been living with you? _____

pet #2 name _____

birth mo/yr _____ breed _____ sex **M** or **F**

how long has your pet been living with you? _____

spayed/neutered **Y** or **N** vaccinations up to date **Y** or **N** housebroken **Y** or **N** flea preventative **Y** or **N**

if "no" to any of the above, please explain _____

owner's name(s) _____

address _____

phone 1 _____ phone 2 _____

email _____

keys info _____ parking _____

special instructions (inc. entering property, administering medicine, food, etc.)

does anyone else have a key to your home? **Y** or **N** if yes, who? _____

does CK9 have permission to take your pet to the vet? **Y** or **N** do you have a credit card on file with the vet? **Y** or **N**

veterinarian _____ phone(s) _____

address _____

does your pet get along with other pets? _____ good with people? _____

anything your pet is scared of (tall men, skateboards, thunder, etc.)? _____

emergency contact _____ phone(s) _____

how did you hear about us? _____

anything else we should know? _____

client signature _____

CK9 signature _____

date _____