

CLIENT INFORMATION FORM

DATE: _____

OWNER NAME _____

ADDRESS _____

HOME PHONE _____ CELL _____ WORK _____

EMAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____

Any person(s) besides yourself that has permission to pick-up your dog

Pet Information:

Name: _____ Age: _____ Breed: _____ Description _____

Name: _____ Age: _____ Breed: _____ Description _____

Medical Information:

Veterinarian name/Clinic _____ Phone _____

Is your dog on heartworm Preventative? _____ Flea/Tick control? _____

Is your dog on any other medications? _____ Please list below:

Any previous medical issues or conditions our staff needs to be aware of?

Per Iowa Code 21—67.7(162). All animals entering this facility must have proof of and be current on all vaccinations including Rabies, Distemper, and Parvo. **This licensed facility is required to keep this Veterinary record on file.**

In the event of a medical emergency for your dog, if we are unable to reach you or your veterinarian your dog will be taken to and treated at Winterset Veterinary Clinic. All charges incurred are the responsibility of the owner.

Signature: _____

Date: _____