

Pet Haven Animal Hospital
290 Mc Donald Ave. • Brooklyn, NY 11218
718-435-6900

Client Information

DATE, _____

Owner's Name _____

Second Owner _____

Address _____
Street Apt# City State Zip

Home Telephone _____ Cell Phone _____

Email Address _____

In case of Emergency:

Employer _____ Work/Bus Phone _____

whom may we thank for referring you to our hospital: (if not a person, please list source: sign, yellow pages, etc.)

Referred by:

Patient Information

Species: Dog() Cat() Reptile() Rabbit() Bird() Other()

Name _____ Male() Female() Altered/Spayed Yes() No()

Date of birth: _____ Breed _____ Color _____

Please list the date that your pet last received the following vaccinations or procedures:

- Canine Distemper/Parvo Vac: _____
- Rabies Vaccination: _____
- Bordetella (Kennel Cough) Vac: _____
- Heartworm Test: _____
- Feline Distemper/Respiratory Vac: _____
- Rabies Vaccination: _____
- Leukemia/AIDS Test: _____
- Leukemia Vac: _____

Name of the last veterinarian that last examined your pet: _____

Is your pet allergic to any foods or drugs? _____

Usual Diet: Canned() Dry() Semi-Moist() Table Food() Brand: _____

List any medications that your pet is taking: _____

Chronic problems or major surgeries: _____

What is the reason for today's visit? _____