

Thank you for selecting **Village Veterinary Clinic**. We welcome the opportunity to provide the best possible care for your pet. Please help us become better acquainted by completing the following:

Name: \_\_\_\_\_, \_\_\_\_\_  
Title Last First M.I.

Spouse: \_\_\_\_\_, \_\_\_\_\_  
Title Last First M.I.

Address: \_\_\_\_\_  
Street City Zip

Contact Numbers: \_\_\_\_\_  
Primary 2nd 3rd

Email Address: \_\_\_\_\_ for reminders and access to pet portal.  
(one address only) (You can unsubscribe to our newsletters.)

Would you like to receive text notifications? Y / N Number for text: \_\_\_\_\_

How did you first hear of our clinic? \_\_\_\_\_  
If a friend, please give us a name so we can thank them.

PLEASE TELL US ABOUT YOUR PET: Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered? Y / N

Is your pet microchipped? Y / N

The reason for today's visit: \_\_\_\_\_

LAST VACCINATION DATE: Rabies: \_\_\_\_\_

Canine Distemper/Parvo/Corona: \_\_\_\_\_, Bordetella (Kennel Cough): \_\_\_\_\_

Feline Distemper: \_\_\_\_\_, Feline Leukemia: \_\_\_\_\_, FIP: \_\_\_\_\_

What heartworm prevention is your pet currently using? \_\_\_\_\_

What flea control are you using on your pet? \_\_\_\_\_

Describe your pet's diet: \_\_\_\_\_

Please list any known allergies your pet may have: \_\_\_\_\_

Please list any previous injuries or ailments for which your pet has been diagnosed: \_\_\_\_\_

\_\_\_\_\_