



PET GUARDS CLINIC

4040 State Road, Cuyahoga Falls, OH 44223

330-849-0635

www.PetGuardsClinic.com

Client Information

Date: ___/___/___

First Name: _____ Last: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Referred by: _____

Payment is due at the time of service

Form of payment for today's visit (circle one) CASH CHECK CREDIT CARD

Pet Information

<u>Pet Name</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Color</u>	<u>Birth Date</u>	<u>Reason for visit</u>
	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Declawed <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/> Fixed <input type="checkbox"/>			

Has your pet ever had a VACCINE REACTION? Y N To: _____

Does your pet have any ALLERGIES? Y N To: _____ Please explain... _____

Has your pet ever been AGGRESSIVE? Y N

What pet food do you feed your pet? _____

What treats do you give your pet? _____

What flea preventative do you use? _____

Special Needs? _____

For Office Use Only

Temp _____ Weight _____ BAR: Y N Health: A B C D F