

Bay Park Pet Clinic  
Client Information Form

Today's Date \_\_\_\_\_

Your name \_\_\_\_\_  
Spouse/Partner \_\_\_\_\_ Driver's License State and # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_  
Email Address \_\_\_\_\_

How did you hear about us?  
\_\_\_\_ Personal recommendation by \_\_\_\_\_  
\_\_\_\_ Phone book \_\_\_\_ Internet \_\_\_\_ Drive-by \_\_\_\_ Other \_\_\_\_\_

**Pet #1's Name** \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Species: \_\_\_\_ Dog \_\_\_\_ Cat Breed: \_\_\_\_\_ Color \_\_\_\_\_  
Sex: \_\_\_\_ Male \_\_\_\_ Female Altered? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don't Know  
Please list the months and years of any previous vaccinations.

\_\_\_\_\_  
If vaccine history is unknown, please list last veterinarian clinic and phone number.

\_\_\_\_\_  
Where does your pet sleep? \_\_\_\_\_  
Approximately how much time does your pet spend outside daily? \_\_\_\_\_ hour(s)  
What does your pet eat? (Wet or dry or combination) \_\_\_\_\_  
Brand name \_\_\_\_\_  
Do you feed your pet table scraps or cooked food? \_\_\_\_\_

**Pet #2's Name** \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Species: \_\_\_\_ Dog \_\_\_\_ Cat Breed: \_\_\_\_\_ Color \_\_\_\_\_  
Sex: \_\_\_\_ Male \_\_\_\_ Female Altered? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Don't Know  
Please list the months and years of any previous vaccinations.

\_\_\_\_\_  
If vaccine history is unknown, please list last veterinarian clinic and phone number.

\_\_\_\_\_  
Where does your pet sleep? \_\_\_\_\_  
Approximately how much time does your pet spend outside daily? \_\_\_\_\_ hour(s)  
What does your pet eat? (Wet or dry or combination) \_\_\_\_\_  
Brand name \_\_\_\_\_  
Do you feed your pet table scraps or cooked food? \_\_\_\_\_

\*\*\*Please bring all medical records with you or fax them to (619) 276-9734.