AVENUES PET CLINIC
CANINE – RECORD

CHART ID #:

TODAY'S DATE: _____	**Has pet lived/traveled outside Wyoming?** YES NO
Is this YOUR first visit to AVENUES PET CLINIC? YES NO	**Health problems?** _____
How did you choose Avenues? Phonebook Location Relative Friend	**Current medications?** _____
Referred by: _____	**Children in household?** YES NO
Persons on Chemotherapy or Immunosuppressed? YES NO	**Other pets owned by you?** _____
Is this your pet's first visit to Avenues? YES NO	**Other pets seen here?** _____

Preferred Method of Payment: (please circle one) Cash Check Master Card Visa Care Credit

OWNER	SPOUSE or CO-OWNER	PET INFORMATION
Last Name:	**Last Name:**	**NAME:**
First Name:	**First Name**	**BREED:**
Address:	**Address:**	**BIRTHDATE:** **AGE:**
City **Zip:**	**City** **Zip**	**COLOR:**
Home Phone:	**Home Phone:**	**HAIRCOAT:**
Cell Phone:	**Cell Phone:**	**MALE - NEUTERED** / **FEMALE - SPAYED**
Work Phone:	**Work Phone:**	**MICROCHIP #:**
Employer:	**Employer:**	**MOST RECENT VACCINE?**
		WHERE WAS PET OBTAINED?

VACCINE DATES:												
WEIGHT:												
RABIES:												
DHLPP:												
BORDETELLA:												
DENTAL:												
OTHER:												

DATE	MASTER LIST	DATE	MASTER LIST	DATE	LAB TEST	RESULT

DATE	REFILLABLE SCRIPTS	DATE	REFILLABLE SCRIPTS

REVISED: 04/09