

EXOTIC – RECORD

AVENUES PET CLINIC

PET ID #:

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

| DATE | MASTER LIST | DATE | MASTER LIST | DATE | LAB TEST | RESULT |
|------|-------------|------|-------------|------|----------|--------|
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| DATE | REFILLABLE SCRIPTS | DATE | REFILLABLE SCRIPTS |
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REVISED: 05/08