



Thank you for choosing Animal Amour Veterinary Hospital! We are excited for the opportunity to provide you and your pet with the best care. Please help us get to know you better by completing the following for each pet. Please print for the accuracy of our staff.

Owner's Name \_\_\_\_\_

Co-Owner or Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Owner's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Co-Owner's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Pet's Name \_\_\_\_\_ Birth Date & Age \_\_\_\_\_

Dog \_\_\_ Cat \_\_\_ Other Species \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Spayed/ Neutered Yes \_\_\_: Date \_\_\_\_\_ No \_\_\_ Cat Declawed: Y N

Housed: Indoors \_\_\_ Outdoors \_\_\_ Indoors/ Outdoors \_\_\_ Kennel/ Run \_\_\_ Lives the Life of Leisure \_\_\_

Please list the approximate date of last vaccinations and preventative health care services:

None \_\_\_ Unknown/ Stray \_\_\_ 1<sup>st</sup> visit to vet \_\_\_ More than one year ago \_\_\_ Current dates below \_\_\_

**Dog:** Rabies \_\_\_\_\_ Distemper/Parvo \_\_\_\_\_ Kennel Cough \_\_\_\_\_ Flu \_\_\_\_\_

Fecal Test \_\_\_\_\_ Heartworm Test \_\_\_\_\_ Heartworm Preventative : Yes/No Type \_\_\_\_\_

**Cat:** Rabies \_\_\_\_\_ Distemper/ Resp. Complex \_\_\_\_\_ Fel. Leukemia \_\_\_\_\_

Fecal Test \_\_\_\_\_ Feline AIDS \_\_\_\_\_

List any of your pet's past health problems that we may need to know about when caring for your pet:

\_\_\_\_\_  
\_\_\_\_\_

Are there any other pets in your house? If yes please list them below, if you have more than two pets please use the back.

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

How did you hear about us? ☺ \_\_\_\_\_