

# HAMBURG VETERINARY CLINIC

Please Print

Owner's full name \_\_\_\_\_  
(Mr., Mrs., Miss, Ms.)

Owner's Date of Birth \_\_\_\_\_

(Give parent's name if under 18)

Social Security # \_\_\_\_\_

Owner's mailing address \_\_\_\_\_

Owner's home phone number \_\_\_\_\_ Cell \_\_\_\_\_

Office \_\_\_\_\_

Driver's License # \_\_\_\_\_

E-mail address \_\_\_\_\_

**All fees are due at the time services are rendered.**

Please indicate choice of payment:  Cash/check  Credit Card/Care Credit

**Pet Information**

Species (cat, dog, etc.) \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Altered \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Color \_\_\_\_\_

Has this pet been vaccinated for rabies? \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

Has this pet been vaccinated for distemper? \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

Has pet been microchipped? \_\_\_\_\_ # \_\_\_\_\_

Any previous serious illness or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_