



# Clear Creek Animal Hospital

4980 Kipling St. A-6 Wheat Ridge, CO 80033 • 303-424-1314 • info@clearcreekvet.com

## New Client or Patient Questionnaire

Date: \_\_\_\_\_

### CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ *Is this a cell phone?*  Yes  No Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

### PET INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ - **OR** - Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male • Female | Neutered • Spayed Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Choice of payment (due at time of service):  Check/ Cash  Credit Card  Care Credit

How did you hear about us?:  Google  Yelp  Facebook  Drive-by  Other: \_\_\_\_\_

Personal Recommendation - *Whom can we thank?* \_\_\_\_\_

### DATE OF LAST VACCINATIONS:

#### DOG

Rabies \_\_\_\_\_ 3 year or 1year vaccination given?

Distemper/ Parvo \_\_\_\_\_ 3year or 1year vaccination given?

Bordetella \_\_\_\_\_ Oral, Nasal or Injection given?

Leptospirosis \_\_\_\_\_

Canine Influenza \_\_\_\_\_

#### CAT

Rabies \_\_\_\_\_ 1 or 3 year

FVRCP \_\_\_\_\_ 1 or 3 year

FELV \_\_\_\_\_

Other \_\_\_\_\_

**INSURANCE PROVIDER AND POLICY NUMBER:** \_\_\_\_\_

**REASON FOR YOUR VISIT TODAY:** \_\_\_\_\_

Is your pet microchipped?  Yes  No Microchip #: \_\_\_\_\_

Does this pet belong to you or are you fostering? \_\_\_\_\_

What state did your pet come from? \_\_\_\_\_

How long has your pet been at home? \_\_\_\_\_

Is your pet indoors only?  Yes  No If NO, how frequently is your pet outdoors? \_\_\_\_\_

Does your pet have any behaviors you'd like to discuss? \_\_\_\_\_

Is your dog or cat on heartworm prevention?  Yes  No If YES,  6 months or  12 months of the year

Is there any pertinent past history we should know? \_\_\_\_\_

Name of Other Pet at Home	Dog/Cat	Age	Breed	Color
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____