

Welcome to Little Miami Veterinary Service

Please take a moment to fill out your information.

Name _____ Phone _____

Cell _____

Address _____ Zip _____

E. Mail Address _____

How did you learn of us? _____

Pets' names (1) _____ age ___ sex ___ spayed neutered
Circle one

Breed _____

(2) _____ age ___ sex ___ spayed neutered

Breed _____

(3) _____ age ___ sex ___ spayed neutered

Breed _____

(4) _____ age ___ sex ___ spayed neutered

Breed _____

Have your pets been vaccinated? _____

Where? _____ When? _____

Does your dog or cat exhibit any of these behaviors?

___ Excessive barking ___ Growling, biting or scratching ___ Digging

___ Straying from home ___ Nervous with kids ___ Chewing

___ Hyperactivity ___ Not coming when called ___ Jumping

___ Urinating/spraying in the house

___ Other – describe _____

Has your pet ever bit anyone before? _____ Yes _____ No

If Yes please explain _____

Is this your first pet? _____ Yes _____ No

How old was your pet when you first acquired it? _____ -

What is your pet's primary role in your life? (i.e., companion, working dog, guide dog, etc.) _____

How many hours is your pet outside each day? _____

Do you use heartworm prevention? _____ What product? _____

Do you use flea/tick prevention? _____ What product? _____

Do your pets have any allergies? _____

Have your pets been vaccinated? _____

Where? _____ When? _____

Your emergency contact is _____ Phone _____

Should my account be referred to an attorney or licensed collection agency for collection, I shall be responsible for attorney fees and/or collection expenses.

Signature: _____ Printed name: _____