



# CLIENT INFORMATION FORM

## Owner Information

	Last Name	First Name	MI	Home Phone	Cell Phone
Pet Parent (Primary)				( ) -	( ) -
Pet Parent (Secondary)				( ) -	( ) -

Home Address	Street	City	State	Zip

Email Address

Employer Information	Company/Business	Work Phone
		( ) -

Driver's License #	DL State	D.O.B
		__/__/__

How did you hear about Affinity Retreat?

(Please specify if website, search engine, advertisement, personal reference, etc...)

## Pet Information

Pet Name	Type <input type="checkbox"/> Canine <input type="checkbox"/> Feline	Breed (List all applicable for mixed breeds)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B. or Age	Status <input type="checkbox"/> Spayed / Neut. <input type="checkbox"/> Intact	Weight (LBS)	TO BE COMPLETED BY AFFINITY RETREAT STAFF	Vaccinations (Type/Date Administered)	
								DPP	Bord. Rabies
								__/__/__	__/__/__
								__/__/__	__/__/__
								__/__/__	__/__/__
								__/__/__	__/__/__
								__/__/__	__/__/__

Please indicate if your pet suffers from any of the following conditions (Please list affected pet(s) after each condition when applicable):

<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Respiratory Disease	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Allergies	
<input type="checkbox"/> Arthritis	

Are there any other health or behavioral issues? (Please note injuries, hip or joint problems, illnesses, social anxieties, kennel aggression, etc. Please list affected pet(s) after each condition when applicable)	
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Pet Care Provider/Veterinarian	Company/Business	City	State	Phone Contact	Can we obtain previous records?
				( ) -	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pet Parent Signature \_\_\_\_\_

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