



Pawsitive Pet Mobile Vet

New Client Registration Form

(831)233-0531

Today's Date ___/___/___

Pet's Information:

Pet's name: _____ Date of Birth: _____ Sex: M F

Spayed/Neutered: Y or N (circle one) Color: _____ Breed: _____

Species: (dog, cat, etc.) _____ Medications: _____

Allergies: _____ Previous Surgeries: _____

Microchip Y or N (circle one) Would like a Microchip Today? Y or N (circle one)

Client Information:

Owner's First Name _____ Last Name _____

Address: _____ City _____ State _____ Zip _____

Phone: () _____ (W) () _____ (Cell) () _____ (Alternate)

Email Address: _____ Employer: _____

(May we send you apt reminders, coupons and receipts to this email? Y or N (circle one))

Who can we thank for the referral today? _____

Vaccine History: For the questions below please enter the most recent history:

Dogs: Rabies: _____ DA2PP (Distemper/Parvo) _____ Kennel Cough _____ Titer Test _____

Cats: Rabies: _____ FVRCP (Herpes/Calici/Panleuk) _____ FELV (Leukemia) _____ Titer Test _____

Cats: FIV/FELV testing? Y or N (circle one) Would you like this testing today Y or N (circle one)

Flea and Tick Product? _____ Heartworm meds? _____ Prescription Food? _____

Authorization for Treatment:

Federal Law prohibits dispensing medications without an exam. Certain medications require periodic blood work for refills. Some prescription drugs are available at the time of your appointment, on our online pharmacy, or thru another pharmacy. We are not staffed 24hrs a day. For 24 hour ER/Urgent Care call (831)899-7387 or (831)476-0667. I understand that all payment is due at the time of the services rendered. I have read and fully understand and agree to the above statements.

X _____ Date: ___/___/___

Pawsitive Pet Mobile Vet 1491 Cypress Drive Unit 1498 Pebble Beach, CA 93953