



McKillip Animal Hospital

**PLEASE PRINT CLEARLY**

**Owner(s)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Apt** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**How did you learn of our clinic?** **Internet** **Sign**  
**If recommended, by whom?** \_\_\_\_\_

**Name pet** \_\_\_\_\_ **Dog** **Cat** **Other** \_\_\_\_\_

**Breed** \_\_\_\_\_ **Color** \_\_\_\_\_

**Male** **Male/neutered** **Female** **Female/spayed**

**Age or date of birth** \_\_\_\_\_

**Which clinic/facility last saw your pet?** \_\_\_\_\_

**Can we obtain past records, if needed?** **Yes** **No**

**Approximate date of last rabies vaccine?** \_\_\_\_\_

**Dogs only: Has your pet had the flu (H3N2) vaccine?** **Yes** **No**

**Does your pet need heartworm or flea preventative?** **Yes** **No**

**By signing below, I authorize McKillip Animal Hospital to examine the above-named pet. I understand that I assume responsibility for the balance of all services performed today.**

**Signature of owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email Records to: [mckillip@ameritech.net](mailto:mckillip@ameritech.net)**