



ALLENTOWN ANIMAL CLINIC
 2640 WALBERT AVENUE
 ALLENTOWN, PENNSYLVANIA 18104
 (610) 434-4470

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Thank you for giving Allentown Animal Clinic the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION **PLEASE PRINT CLEARLY**

Date _____

Name _____ Spouse's Name _____

Address _____ Apt. #/Flr. _____ City _____ State _____ Zip _____

Social Security # _____ Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____

Spouse's Employment _____ Spouse's Work Phone _____

All fees are due at the time services are rendered. We accept cash, check and bankcards.

METHOD OF PAYMENT: Cash Check MasterCard VISA Credit Card

How did you become aware of our clinic? Drove by Yellow Pages Former/Current Referral

Whom may we thank for this referral? _____

PATIENT INFORMATION

	Pet #1		Pet #2		Pet #3	
PET'S NAME						
SPECIES (Cat, Dog, Bird, Other)						
BREED						
COLOR						
SEX: MALE - Circle which applies	Male	Male Neutered	Male	Male Neutered	Male	Male Neutered
SEX: FEMALE - Circle which applies	Female	Female Spayed	Female	Female Spayed	Female	Female Spayed
DATE OF BIRTH						
VACCINATION HISTORY - DOG	Date Given:		Date Given:		Date Given:	
DISTEMPER						
PARVOVIRUS						
RABIES						
BORDETELIA - KENNEL COUGH						
LYME VACCINE						
CORONA						
HEARTWORM TEST / PREVENTION?						
VACCINATION HISTORY - CAT	Date Given:		Date Given:		Date Given:	
DISTEMPER-RHINO-CALICI-FVRCP						
RABIES						
LEUKEMIA VACCINE - FELV						
FELINE INFECTIOUS PERITONITIS - FIP						
CHLAMYDIA						
COMBO LEUKEMIA / FIV AIDS TEST						
LEUKEMIA TEST ONLY - FELV						
GENERAL HEALTH CARE						
COMPREHENSIVE PHYSICAL EXAM						
FECAL (Stool Sample) - Last Date Tested						
DIET PRESENTLY ON?						