

CAMERON ANIMAL HOSPITAL
417 BLOOMFIELD AVENUE
MONTCLAIR, NJ 07042
(973) 744-2052

NEW CLIENT/PET FORM

OWNER'S NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL _____ WORK _____
CO-OWNER(EMERGENCY CONTACT) _____ PHONE _____

PET INFORMATION

PET'S NAME _____
DOB _____
SPECIES _____
BREED _____ COLOR _____
FEMALE SPAYED Y N
MALE NEUTERED Y N
MICROCHIP# _____

LIST OTHER PETS IN HOUSEHOLD

**MEDICAL CONDITIONS/CURRENT
MEDICATIONS**

DIET

VACCINE HISTORY (indicate the date
(month/year) your pet received the following
vaccination)

CANINE DISTEMPER _____ CIV _____
LYME _____ BORDETELLA _____
RABIES _____ FELINE DISTEMPER _____
FELINE LEUKEMIA _____

DENTAL CARE

DATE OF LAST CLEANING _____

DO YOU BRUSH YOUR PET'S TEETH Y N

HEARTWORM PREVENTATIVE BRAND

FLEA/TICK

PREVIOUS MEDICAL RECORDS (NAME OF
HOSPITAL)

