

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(EMERGENCYCONTACT) _____ 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 _____ BORDATELLA _____

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)
