

Stateline Animal Clinic

New Patient Registration

Pet's name _____ Date of birth _____

Species (dog, cat, rabbit etc.) _____

Breed _____ Male ___ neutered? _____
Female _____ spayed? _____

Markings/Color _____

WELLNESS INFORMATION

Date of last:

Rabies vaccination _____

Intestinal worm check _____

Heartworm examination (dogs) _____

Canine Distemper-Parvo vaccination(dogs) _____

Feline Leukemia vaccination (cats) _____

Feline Distemper vaccination (cats) _____

Feline Leukemia test (cats) _____

Is this patient on heartworm preventative? _____

If yes, which one? _____

Flea /tick preventative used _____

Name of doctor/veterinary clinic that provided wellness care:
