

# vaccine information form

Client's name \_\_\_\_\_ Pet's name \_\_\_\_\_

Pet's age \_\_\_\_\_ Species and breed \_\_\_\_\_

Date \_\_\_\_\_

*Please check the appropriate box for your pet's lifestyle. We will use this information to create an appropriate vaccination program for your pet.*

**Where does your pet spend its time?**

Indoors only     Indoors sometimes and outdoors sometimes     Outdoors only

**What are the approximate dates of your pet's most recent vaccinations?**

Disease	Date
_____	_____
_____	_____
_____	_____
_____	_____

**Where did your pet come from?**

Stray     Shelter     Private home     Rescue organization     Breeder     Other \_\_\_\_\_

**How often do you board your pet or take it to a groomer?**

Never     Once a year or less     One to three times a year     Four times a year or more

**How often do you walk your pet in the neighborhood or a pet park?**

Never     Once a week or less     Several times a week     Daily

**How many other pets are in your home?**

None     One     Two     Three     More than three

**Please list your other pets' names and ages.**

Dogs	Cats	Other
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Vaccinations recommended for your pet:**

Disease	Accept	Decline
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

I understand these recommendations as explained by my veterinarian or pet healthcare team member.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_