

**Tender Care Veterinary Clinic**

215 W. Chippewa Ave.  
South Bend, IN 46614  
Phone: (574) 291-3251  
Fax: (574) 968-1620

Pet Owner's Name \_\_\_\_\_  
(Last) (First) (Middle)

Married \_\_\_\_\_ Single \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Owner's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Spouse's Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Pet Information**

Previous Veterinary Clinic: \_\_\_\_\_ Phone number \_\_\_\_\_

Type of Pet: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Sex: Male \_\_\_\_\_ Castrated \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Date of Birth \_\_\_\_\_ Color \_\_\_\_\_

Where did you get pet? \_\_\_\_\_ When? \_\_\_\_\_

Immunizations given previously? \_\_\_\_\_

Date Given \_\_\_\_\_ By Whom? \_\_\_\_\_ Date of last fecal analysis \_\_\_\_\_

Date of last heartworm test \_\_\_\_\_ Has pet been taking heartworm preventative? \_\_\_\_\_

What kind? \_\_\_\_\_

Has pet had adverse reactions to \_\_\_\_\_

Medicines \_\_\_\_\_ Vaccines \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_

History of past illness \_\_\_\_\_

Do you own other animals? \_\_\_\_\_

**PAYMENT IS DUE AT TIME SERVICES ARE RENDERED**

The above information is true and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_