



FAX: 262-364-2011

Butler: 262.783.7297 www.doggyoffice.com Milwaukee: 414-353-7287

CLIENT HISTORY

Owner's Last Name: _____ Owner's First Name: _____

Additional Owners Last Name: _____ Additional Owner's First Name: _____

Employer: _____

Home Street Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Pet Information

Your Dog's Name: _____

Dog Breed: _____ Age: _____

Dog DOB: ____/____/____

Gender: Male / Female

Neutered State: Neutered / Spayed

Does your dog have any known Allergies? Yes No
If Yes, please list _____

How much do you normally feed your dog?
_____ Cups _____ times per day

Veterinarian Information

Rabies Due: _____ Distemper/Parvo Due: _____ Bordetella Due: _____

Veterinarian Office Name: _____

Address: _____

Phone: _____

Medical/Health Issues:

How did you hear about us? Advertisement Google Veterinarian Walk-In

Website Word of Mouth Yellow Pages Existing Owner

Referred By _____