

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: _____