



Carrabassett Veterinary Services

Welcome to Carrabassett Vet! Please help us provide your pet with the best care possible by completing this form
Date: _____

Owner's Name(s): _____
Last First

Mailing Address: _____
Street / P.O. Box City/Town, State Zip

Phone: _____
Primary Secondary

E-mail: _____ Reminders: ___ text ___ mail
___ email ___ call

Emergency Contact: _____ Phone: _____

| Pet's Name: | Species | | Other Specify | Breed | Sex | Fixed | | DOB | Age | Color |
|-------------|---------|-----|---------------|-------|-----|-------|---|-----|-----|-------|
| | Dog | Cat | | | | Y | N | | | |
| | | | | | | Y | N | | | |
| | | | | | | Y | N | | | |
| | | | | | | Y | N | | | |
| | | | | | | Y | N | | | |

Medical History:

 Please provide approximate dates of previous services.

Vaccinations (DOG) Date of Last:

Rabies: _____
Distemper/parvo (dap): _____
Lepto: _____ Lyme: _____
Bordetella/Kennel cough: _____
Unknown/unvaccinated:

Vaccination History (CAT) Date of Last:

Rabies _____
Distemper (FVRCP): _____
Leukemia: _____
Unknown/unvaccinated:

Heartworm/Lyme test: _____ HW Preventative: _____ Flea/Tick Preventative: _____

Previous or current medical issues & medications: _____

I hereby authorize the veterinarian to examine and treat the above described pet(s). I assume responsibility for all charges incurred, and I understand that these charges must be paid at the time of release. I acknowledge that if I do not give at least 24 hours notice for an appointment reschedule or cancellation that I will be charged a cancellation fee of \$25 for each scheduled pet.

Signature

Date