

# Andrews Veterinary Clinic

1575 MAIN STREET  
ANDREWS, NORTH CAROLINA 28901

## CLIENT DATA:

Date \_\_\_\_\_

Name \_\_\_\_\_ D.L. No. \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Spouse \_\_\_\_\_ D.L. No. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Payment is expected when services are rendered. Method of Payment Includes: Cash, Check

Signature \_\_\_\_\_

How did you hear about Andrews Veterinary Clinic? \_\_\_\_\_

## ANIMAL DATA:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Breed \_\_\_\_\_ Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Animal \_\_\_\_\_

Date of Last Immunization:

DOG: DHLPPC (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Corona) \_\_\_\_\_ Rabies \_\_\_\_\_

Bordetella \_\_\_\_\_ Heartworm Check \_\_\_\_\_ Type of Prevention \_\_\_\_\_

CAT: DRCC (Distemper, Rhinotracheitis, Calici, Chlamydia) \_\_\_\_\_ Rabies \_\_\_\_\_

Feline Leukemia Test \_\_\_\_\_ Feline Leukemia Vac. \_\_\_\_\_

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