

Avondale Haslet Animal Clinic  
1321 Avondale Haslet Road, Bldg. A  
Haslet, Texas 76052  
817-439-5252



Welcome to our clinic! Thank you for providing the following information.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Pet's name: \_\_\_\_\_ Species (Cat, Dog, etc.) \_\_\_\_\_

Breed: \_\_\_\_\_ Date of birth (or age): \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male  Neutered  Female  Spayed

Age When Spayed/Neutered: \_\_\_\_\_

Pet's Diet (canned/dry food & brand): \_\_\_\_\_ Times Fed Per Day: \_\_\_\_\_

List previous vaccinations, date and where they were given: \_\_\_\_\_

\*Documentation Provided: Yes  No  \_\_\_\_\_

List any medications your pet is currently taking:

\_\_\_\_\_

List Brand Of Heartworm Preventative: \_\_\_\_\_ Date Of Last Dose: \_\_\_\_\_

\*Documentation of Current Heartworm Test: Yes  No  Date Of Last Test: \_\_\_\_\_

List any Health Problems: \_\_\_\_\_

List any Allergies to Medications: \_\_\_\_\_

Does your pet live: Strictly indoors \_\_\_\_\_ Strictly outdoors \_\_\_\_\_ Indoors & Outdoors \_\_\_\_\_

Do you have other animals living at home with you? Please list: \_\_\_\_\_

How will you be paying today? Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit Card \_\_\_\_\_

**\*Official documentation of vaccine history (if any) must accompany the patient. Copies will be made and placed in this patient's chart to validate all previous vaccines. For the safety of this patient and all other patients in the care of Avondale Haslet Animal Clinic, all patients not current on their vaccines will be vaccinated accordingly.**