



COMPANION PET CLINIC of BEAVERTON

14292A SW Allen Blvd. • Beaverton, OR 97005 • 503-641-9151

Owner's Name (Last) _____ (First) _____

Address _____ City _____ Zip _____

Phone (Home) _____ (Work) _____ Cell / Pager _____

Dog's Name _____ Breed _____ Sex _____ Color _____

DOB /Age _____ Spayed or Neutered? Yes No Email: _____

Previous Health Problems: _____

Drug reactions / Medications currently used: _____

How did you hear about us? TV Yellow Pages Newspaper Other _____

If referred, whom may we thank? _____

If you are here because you are unhappy with a previous animal hospital, please let us know the reason why you left so that we may try not to make the same mistake. _____

Health Maintenance	Date >									
Rabies										
DHLPP (Distemper Combo)										
Corona Vac										
Parvo Vac										
Bordetella Vac										
Heartworm Test										
Other										
Annual Physical										
Fecal Exam										
Weight										

MASTER PROBLEM LIST (For Clinic Use Only)

Date	Problem List	Resolved	Date	Medications

Client ID Number _____ Receptionist _____ Prefers to see Dr. _____