



# 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. \_\_\_\_\_