

HSCC Community Pet Clinic: Client Questionnaire

Personal Information:

Client Name: _____ Today's Date: _____

Phone Numbers: Home _____ Cell _____ Work _____

Email: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Combined annual family household income before taxes: _____ Family Size: _____

This service is meant for families in need due to low income and/or financial hardship. Please give us a brief summary of why you are looking for veterinary care assistance:

Are you on any government assistance programs? Yes No

How did you hear about our program?

Please fill out pet information and requested services on next page.

With my signature, I certify that the information I have provided is true to the best of my knowledge. I understand that the HSCC Community Pet Wellness Program is only able to provide healthy pet services, and cannot provide diagnostics, treatment, or emergency veterinary care for other medical needs. I also understand that surgery and/or vaccinations may be denied if my animal is found to have health conditions that would make surgery or vaccination unsafe.

Client Signature:

Date:

Pet Information:

Please check off needed services for each pet.

Pet #1: Cat Dog Name: _____ Age: _____ Weight: _____ Male Female

Surgery (Includes exam, rabies vaccine, distemper vaccine, flea prevention)	
Spay	Neuter

Wellness Services			
Exam	Distemper vaccine	Rabies Vaccine	Kennel Cough Vaccine
Dewormer	Flea Prevention		Microchip

Pet #2: Cat Dog Name: _____ Age: _____ Weight: _____ Male Female

Surgery (Includes exam, rabies vaccine, distemper vaccine, flea prevention)	
Spay	Neuter

Wellness Services			
Exam	Distemper vaccine	Rabies Vaccine	Kennel Cough Vaccine
Dewormer	Flea Prevention		Microchip

Pet #3: Cat Dog Name: _____ Age: _____ Weight: _____ Male Female

Surgery (Includes exam, rabies vaccine, distemper vaccine, flea prevention)	
Spay	Neuter

Wellness Services			
Exam	Distemper vaccine	Rabies Vaccine	Kennel Cough Vaccine
Dewormer	Flea Prevention		Microchip

Pet #4: Cat Dog Name: _____ Age: _____ Weight: _____ Male Female

Surgery (Includes exam, rabies vaccine, distemper vaccine, flea prevention)	
Spay	Neuter

Wellness Services			
Exam	Distemper vaccine	Rabies Vaccine	Kennel Cough Vaccine
Dewormer	Flea Prevention		Microchip

Pet #5: Cat Dog Name: _____ Age: _____ Weight: _____ Male Female

Surgery (Includes exam, rabies vaccine, distemper vaccine, flea prevention)	
Spay	Neuter

Wellness Services			
Exam	Distemper vaccine	Rabies Vaccine	Kennel Cough Vaccine
Dewormer	Flea Prevention		Microchip

Do you have more than 5 animals at home? Yes No

If you have more than 5 animals, we will be in touch with you to get more information and discuss options for getting everyone in.