

Companion Pet Care
222 N Coast HWY 101
Encinitas, CA 92024
Dr. Ted Burghardt, DVM

New Client Form

Client Information

Name (Last, First) _____ Phone #: (____) _____ - _____
Address: _____ Work #: (____) _____ - _____
City: _____ State: _____ Cell #: (____) _____ - _____
Zip Code: _____ Spouse: _____
Email Address: _____ Spouses Cell #: (____) _____ - _____
Referral: _____

Pets Information

Name: _____
Birthday: _____ Age: _____ years
Breed: _____ Color: _____
Canine / Feline

Circle Yes/No

Vaccine History?	Yes	No
Microchipped?	Yes	No
Allergies?	Yes	No
Spayed/Neutered?	Yes	No