

DATE: _____

Clay County Humane Society
2230 Filmore Street, Orange Park, FL 32065
(904) 276-7729 FAX (904) 276-4236



Client Information

Name: Last _____ First _____ M.I. _____ Spouse _____

Street Address _____ City _____

State _____ Zip _____ Email address: _____

Phone: _____ (h / c / w) Phone: _____ (h / c / w) Phone: _____ (h / c / w)

Patient Information

Name _____ Canine / Feline _____ Male / Female _____ Spayed/Neutered: _____

Breed _____ Colors & Markings _____

Age _____ Birthdate _____ Microchip # _____

Prior medical problems / allergies / injuries: _____

Vaccine History

Office use only

Rabies											
DHPP											
Bord.											
FVRCP											
FELV											

Annual Testing

Heartworm	+	+	+	+	+	+	+	+	+	+	+
	-	-	-	-	-	-	-	-	-	-	-
Fecal											

Major Medical Events

Date

Major Medical Events

Date

Chronic Medications

Drug	Dose	Annual Bloodwork	Other
		Y / N	
		Y / N	
		Y / N	
		Y / N	

* Annual exams are required for all medication refills *