

Date

**Happy Trails Veterinary Services**  
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No identifying information provided on this form will be shared, sold or utilized in any commercial way. Summary statistics of collected information may be used by Happy Trails Veterinary Services for business purposes.

Client # \_\_\_\_\_

**Client Information**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Physical Address  
(where animals are)  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

If not home, list barn/  
stable/kennel name

**Patient Information**

Patient Name \_\_\_\_\_

Birth Date  
or Age \_\_\_\_\_

Gender \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Patient Description  
(color, markings)  
\_\_\_\_\_

Reason  
for Visit \_\_\_\_\_

Date(s) of **most recent**  
**vaccinations** (list vaccine & date)  
\_\_\_\_\_

Please list current  
diagnosed **conditions**  
(if any) and any  
**medications** patient is  
taking (including flea/  
heartworm prevention)

When was patient last  
seen by a doctor?  
\_\_\_\_\_

What doctor or  
clinic was patient  
last seen by?  
\_\_\_\_\_

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