Vaccine information form

Client's name _____ Pet's name _____

Pet's age _____ Species and breed _____

Date _____

Please check the appropriate box for your pet's lifestyle. We will use this information to create an appropriate vaccination program for your pet.

Where does your pet spend its time?

☐ Indoors only ☐ Indoors sometimes and outdoors sometimes ☐ Outdoors only

What are the approximate dates of your pet's most recent vaccinations?

Disease	Date

Where did your pet come from?

☐ Stray ☐ Shelter ☐ Private home ☐ Rescue organization ☐ Breeder ☐ Other _____

How often do you board your pet or take it to a groomer?

☐ Never ☐ Once a year or less ☐ One to three times a year ☐ Four times a year or more

How often do you walk your pet in the neighborhood or a pet park?

☐ Never ☐ Once a week or less ☐ Several times a week ☐ Daily

How many other pets are in your home?

☐ None ☐ One ☐ Two ☐ Three ☐ More than three

Please list your other pets' names and ages.

Dogs	Cats	Other

Vaccinations recommended for your pet:

Disease	Accept	Decline
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

I understand these recommendations as explained by my veterinarian or pet healthcare team member.

Client's signature: _____ Date: _____