

Avondale Haslet Animal Clinic
1321 Avondale Haslet Road, Bldg. A
Haslet, Texas 76052
817-439-5252



Welcome to our clinic! Thank you for providing the following information.

Last Name _____ First Name _____

Pet's name: _____ Species (Cat, Dog, etc.) _____

Breed: _____ Date of birth (or age): _____ Color: _____

Sex: Male Neutered Female Spayed

Does your pet have a microchip? _____

*Vaccine Documentation Provided: Yes No If no, list previous vaccinations, date and where they were given: _____

*Documentation of Current Heartworm Test: Yes No Date Of Last Test: _____
List Brand Of Heartworm Preventative: _____ Date Of Last Dose: _____

List any Health Problems: _____

List any Allergies to Medications: _____

Does your pet live: Strictly indoors _____ Strictly outdoors _____ Indoors & Outdoors _____

Do you have other animals living at home with you? Please list: _____

***Official documentation of vaccine history (if any) must accompany the patient. Copies will be made and placed in this patient's chart to validate all previous vaccines. For the safety of this patient and all other patients in the care of Avondale Haslet Animal Clinic, all patients not current on their vaccines will be vaccinated accordingly.**

Client's signature

Date