Three Tails Parlor and Pantry New Client Form

Pet Name: ____________________________ Breed: _______________________ Color: ________________________

DOB or Age: ___________________ Sex: Male or Female Neutered or Spayed

Your Name: ______________________________________ Spouse: ____

Street Address: ____

City: ___________________________________ State: __________________________ Zip: _____________________

Phone: ______________________________ Work: __________________________ Other: _____________________

Email: ____ Veterinarian: ____________________________

How did you hear about us? ____

My pet has or has had the following: *Check all that apply.*

____ Problem with weight
____ Problems walking
____ Neck pain
____ Back Pain
____ Nerve related problem
____ Old, feeble
____ Fears, phobias, anxiety, stress
____ Arthritis
____ Blood Tests

____ X-Rays: for/of __________________________
____ Surgery
Type: ______________________________
When: _____________________________
Where: ____________________
If leg, which one: ____________________________
____ Allergies: _______________________________
____ Chronic Disease
If so, What? _________________________

Current Medicines or Supplements: ____

Diet: ____

____

Things I would like to learn about to help my pet live a healthier happier life and prevent future potential problems. *Check all that apply.*

____ Stretching or exercises I can do at home
____ Nutrition/Diet
____ Supplements that will help

Other information you would like us to know

____

____