



Cape Cod Veterinary Specialists

Welcome to our Hospital! Please assist us by completing this client questionnaire

Your Primary Vet Information

Primary Veterinary Doctor and Hospital _____

List any other practices (including Specialists) treating your pet _____

How did you hear about us? My veterinarian Google Website Community Event
 Social Media Advertisement Referral _____ Other _____

Do you have Pet Insurance? Yes No If yes, name of company _____

Your Information

First Name _____ Last Name _____

Please list other people, who you authorize, to receive medial updates about your pet: _____

Home Number (_____) _____ - _____ Work Number (_____) _____ - _____

Cell Number (_____) _____ - _____ Other Number (_____) _____ - _____

Email Address: _____

Mailing Address: _____

City/State _____ Zip code _____

Street Address: _____

City/State _____ Zip code _____

Your Pet's Information

Name _____ Species Canine Feline Color _____

Tattoo/Microchip Number _____ Breed _____

Date of birth or approximate age _____ Male Female Is your pet spayed or neutered? Yes No

Is your pet easily approached or handled by strangers? Yes No If no, what should we know? _____