

**Harmony Veterinary Clinic**  
**New Pet Information**

Your Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Species:      Canine                      Feline                      Other small mammal: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Gender:      Male              Neutered Male              Female              Spayed  
Female

Age/Date of Birth (if known): \_\_\_\_\_              Estimated      Known

Date of last rabies vaccine: \_\_\_\_\_

**DOGS:** Has your dog been tested for heartworm disease? Y / N

If yes, when? \_\_\_\_\_

**CATS:** Has your cat been tested for feline leukemia (FeLV) and feline immunodeficiency virus (FIV)? Y / N      If yes, when? \_\_\_\_\_

Microchipped?      Yes      No      If Yes, number/registry? \_\_\_\_\_

Tattooed?              Yes      No      If Yes, number/location? \_\_\_\_\_

Co-owned?              Yes      No

Co-owner information:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_