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Watertown Animal Hospital, L.L.P.
1445 Washington Street
Watertown, NY 13601

Telephone: 315-788-1711
Fax: 315-788-2930
www.watertownpetcare.com

Thank you for giving the Watertown Animal Hospital the opportunity to care for your pet(s).

CLIENT INFORMATION:

Date _____

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Spouse Cell: _____

Place of Employment: _____ Work Phone: _____

Driver's License # _____

Please indicate preferred method of reminder: **Mail, Text, or Email** -Email address: _____

Payment is due at time services are rendered

Pet Information:	Pet # 1	Pet # 2	Pet #3
Name of your Pet			
Breed			
Date of Birth			
Color			
Male or Female			
Neutered or Spayed			
VACCINATION HISTORY FOR YOUR <i>DOG</i>			
Last Rabies Date			
Last Distemper/Parvo Date			
Last Bordetella Date			
Last Heartworm Test			
VACCINATION HISTORY FOR YOUR <i>CAT</i>			
Last Rabies Date			
Last Distemper Date			
Last Leukemia Date			

Any Previous illnesses or surgeries: _____

Any Allergies: _____

Special Medications or Diets: _____

How did you find out about our facility? Phonebook Word of Mouth Internet

Late Fee Policy: Any client who arrives for a scheduled appointment more than 10 minutes after their scheduled time will be charged an extended exam fee and may have to wait for the next available open appointment time. Appointments can be rescheduled at any time for no charge.