



Triadelphia Veterinary Clinic

443-535-9257

www.triadvet.com

New Pet Information

Upon arrival please give the receptionist a copy of the vaccination records.

Client Name: _____ **Date:** _____

Have you moved? Or changed your phone #? Yes / No (circle)

New Address: _____

New home # () _____ **New cell # ()** _____

Have you changed your email address? Yes / No

Email address (please print) _____ @ _____

*Our appointment/vaccine reminders are run by a 3rd party online. We use ePet Health, this service provides you with a free online account to view your pet's vaccines, schedule appointments, and receive email or text reminders, (you are responsible for any fees from your cell carrier.) Triadelphia Vet does not have access to your online Portal. Providing us with your email will automatically enroll you for an ePet Health account. **Email (Please print clearly)**

New Pet Information

Name of Pet: _____ **Date of birth:** _____

Canine/Feline/Avian/Rodent/Lagomorph/Reptile (circle) **Breed:** _____

Color/Markings: _____

Male / Female (circle) **Spayed / Neutered (circle)**

Are vaccines current? Yes/ No **Microchipped: Yes/ No** **Chip #** _____

Has the microchip been registered? Yes/ No **With what company?** _____

Is your new pet on Heartworm and/or Flea & Tick preventatives? Yes/ No

If yes, what is the name of the product you are using? _____

Congratulations on your new pet!

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