

Azalea Lakes Veterinary Clinic 15225 Jefferson Highway

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OWNER'S NAM	1E	PHONE #	
PET'S NAME _		PET'S DATE OF BIR	тн
DOES YOUR PI	ET HAVE A MICROCH	IP? YES NO	
DOG	CAT OTHE	R	
MALE	FEMALE	SPAYED/NEUTERED? YES	NO
BREED		COLOR	
DATE OF LAST	VACCINATIONS		
PREVIOUS VET	TERINARIAN TO OBTA	AIN RECORDS	
IS YOUR PET C	ON ANY MEDICATION	(S) OR SUPPLEMENTS?	
_	MEDICAL OR BEHAV RUG REACTIONS?	IORAL HISTORY THAT WE SHOULI	D BE AWARE OF?
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^{***}PAYMENT EXPECTED AT TIME OF SERVICES***