



Hours: Mon. 8-8 Tues. 8-8 Wed. 8-6 Thurs. 8-8
 Fri. 8-5 Sat. 8-12
 Tel: 908-874-4447 Fax: 908-874-4144
 872 Route 206, Hillsborough, NJ 08844
 www.bmvvet.com

Owner's Name: _____ Pet's Name: _____ Date: _____

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

Phone: (H) _____ (W) _____ (C) _____ (Other) _____

Canine Feline Other Driver's Lic #: _____

Breed: _____ Color: _____ DOB: _____ M F Spayed Neutered

How did you hear about us? _____ E-mail: _____

Pet's Diet: Dry _____; _____ cup(s) _____ times/day
 Wet _____; _____ can(s) _____ times/day

Currently taking any medications or supplements? *Please List*

Any history of behavior issues, fear, biting or aggression? *Please Explain*

Is your pet on Heartworm Preventative? Yes No If so, what kind? _____

Is your pet on Flea & Tick Preventative? Yes No If so, what kind? _____

Currently any chronic health problems or issues? *Please List*

Does your dog visit a groomer, kennel, dog park or engage with other dogs on daily walks? Yes No

Has your pet been microchipped? Yes No Does your cat's feet ever touch grass? Yes No

Do you practice any at home dental care? (i.e. brushing, dental diet) _____

Is your pet's rabies vaccination up to date? (*Proof of vaccination is mandatory*) Yes No

Date last administered: _____ Where: _____

Do you currently have other pets in your household? *Please List* _____

Other concerns or questions?

May we contact your previous veterinarian for your pet's medical records? Yes No

If yes, Practice Name: _____ Phone #: _____