

New Client Information

Thank you for choosing Chesapeake Humane Society!
Please help us serve your pet/s by providing the following information.
Today's date: ____/____/____



Client's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

E-mail: _____

Alternate contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

E-mail: _____

Pet's name: _____ Age/Birthday: _____

Species: _____ Breed: _____

Color: _____ Weight: _____

Male: _____ Female: _____ Spayed/neutered? _____

Is your pet afraid of new places/people? _____ Does your pet bite or snap? _____

Has your pet ever had an allergic reaction to a vaccine or medication? _____

If so, which? _____

Where did you get this pet? Breeder: ___ Shelter: ___ Stray: ___ Gift: ___ Craigslist: ___ Newspaper: ___

How did you hear about us?

Website: ___ Facebook: ___ Newspaper: ___ Television: ___ Drive-by: ___ Word of

Mouth: ___ Other (please list): _____

Please check any areas of interest:

Spay/Neuter: ___ Dental Services: ___ Vaccines: ___ Preventatives: ___

Pet Training: ___ Financial assistance: ___ Pet pantry: ___ Volunteering: ___

Donations: ___ Adding CHS to my will: ___ Adoptions: ___

Chesapeake Humane Society does not accept American Express cards or personal checks. All payment is due at the time of service. All surgical services require an appointment with a deposit. Chesapeake Humane Society is not a full-service veterinary clinic. As such, we are unable to provide wellness exams or diagnostic services.

Additional Pet Information

Pet 2's name: _____ Age/Birthday: _____

Species: _____ Breed: _____

Color: _____ Weight: _____

Male: _____ Female: _____ Spayed/neutered? _____

Is your pet afraid of new places/people? _____ Does your pet bite or snap? _____

Has your pet ever had an allergic reaction to a vaccine or medication? _____

If so, which? _____

Where did you get this pet? Breeder: ___ Shelter:___ Stray:___ Gift:___ Craigslist: ___ Newspaper:___

Pet 3's name: _____ Age/Birthday: _____

Species: _____ Breed: _____

Color: _____ Weight: _____

Male: _____ Female: _____ Spayed/neutered? _____

Is your pet afraid of new places/people? _____ Does your pet bite or snap? _____

Has your pet ever had an allergic reaction to a vaccine or medication? _____

If so, which? _____

Where did you get this pet? Breeder: ___ Shelter:___ Stray:___ Gift:___ Craigslist: ___ Newspaper:___

Pet 4's name: _____ Age/Birthday: _____

Species: _____ Breed: _____

Color: _____ Weight: _____

Male: _____ Female: _____ Spayed/neutered? _____

Is your pet afraid of new places/people? _____ Does your pet bite or snap? _____

Has your pet ever had an allergic reaction to a vaccine or medication? _____

If so, which? _____

Where did you get this pet? Breeder: ___ Shelter:___ Stray:___ Gift:___ Craigslist: ___ Newspaper:___

Pet 5's name: _____ Age/Birthday: _____

Species: _____ Breed: _____

Color: _____ Weight: _____

Male: _____ Female: _____ Spayed/neutered? _____

Is your pet afraid of new places/people? _____ Does your pet bite or snap? _____

Has your pet ever had an allergic reaction to a vaccine or medication? _____

If so, which? _____

Where did you get this pet? Breeder: ___ Shelter:___ Stray:___ Gift:___ Craigslist: ___ Newspaper:___