

Pet Medical Center of Las Vegas  
New Pet Form

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Male  Female  Spayed or Neutered? Yes  No

Pet was adopted from  Breeder, out of state  Breeder, local  Internet  
 Pet Store  Shelter (please specify) \_\_\_\_\_  
 Rescue group (please specify) \_\_\_\_\_  Found

Date of birth or approximate age \_\_\_\_\_  Age Unknown

Rabies tag # \_\_\_\_\_ Microchip # \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Dog  Cat  Allergies? \_\_\_\_\_

Our pet is a  Member or our family  Child's pet  Backyard pet

Do you travel with your pet?  Yes  No  
Where? \_\_\_\_\_ How often? \_\_\_\_\_

Have you changed your address or phone number? Yes  No

I understand that I am responsible for payment for all services rendered at the time they are received.

Signature \_\_\_\_\_ Date \_\_\_\_\_