
9354 Old Number Six Hwy
Santee SC 29142



**Santee
Animal
Hospital**

803-854-3351
Open M-F 8am to 5pm

New Client Information

Name (first and last): _____
Spouse (first and last): _____
Address: _____
City/State/Zip: _____
Contact: _____
Mobile: _____
Home: _____
Work: _____
Email: _____@_____

New Pet Information

Name: _____
Breed: _____
Color: _____
Sex: Male Female
Age: _____
DOB: _____ / _____ / _____
Spayed/Neutered? Yes No

LIST DATES BOOSTERS WERE LAST GIVEN: _____
Allergic Reactions? Yes No
IS YOUR PET CURRENTLY ON A MEDICATION? _____

IS YOUR PET ON HEARTWORM PREVENTION(WHAT KIND)? _____
IS YOUR PET ON FLEA PREVENTION(WHAT KIND)? _____
IS YOUR PET ON TICK PREVENTION(WHAT KIND)? _____
WHAT FOOD DOES YOUR PET EAT? _____
LIST ALL PREVIOUS PROBLEMS THAT WE SHOULD KNOW ABOUT: _____

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New Pet Information

Name: _____
Breed: _____
Color: _____
Sex: Male Female
Age: _____
DOB: ____/____/____
Spayed/Neutered? Yes No

LIST DATES BOOSTERS WERE LAST GIVEN: _____
Allergic Reactions? Yes No
IS YOUR PET CURRENTLY ON A MEDICATION? _____

IS YOUR PET ON HEARTWORM PREVENTION(WHAT KIND)? _____

IS YOUR PET ON FLEA PREVENTION(WHAT KIND)? _____

IS YOUR PET ON TICK PREVENTION(WHAT KIND)? _____

WHAT FOOD DOES YOUR PET EAT? _____

LIST ALL PREVIOUS PROBLEMS THAT WE SHOULD KNOW ABOUT:

New Pet Information

Name: _____
Breed: _____
Color: _____
Sex: Male Female
Age: _____
DOB: ____/____/____
Spayed/Neutered? Yes No

LIST DATES BOOSTERS WERE LAST GIVEN: _____
Allergic Reactions? Yes No
IS YOUR PET CURRENTLY ON A MEDICATION? _____

IS YOUR PET ON HEARTWORM PREVENTION(WHAT KIND)? _____

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