



Cannon Veterinary Services

31310 Woodhaven Trail Cannon Falls MN 55009 651-258-4050



New Small Animal Client Information

The following information is necessary in order to establish an account

Payment is required at the time of service

We except Cash / Check / Visa/ Master Card

Name _____

Home Phone _____ Cell phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Patient Information

Pets Name _____ Age/Birth date _____

Circle one: Canine or Feline Breed _____

Color _____ Sex _____ Spayed or Neutered

Previous Vaccinations

Please record the dates your pet was last vaccinated.

If unsure, please bring the records from the previous owner or veterinarian.

Dogs

Date

Cats

Date

Distemper _____

Lymes _____

Bordetella _____

Rabies _____

Heart Worm Check _____

Fecal Check _____

Leukemia _____

Distemper _____

Rabies _____

Fecal Check _____

Feleuk Test _____

Do you have concerns about your pet's health?

Dr. Winter and staff thank you for taking the time to complete this form.