



Supporting the programs of the
Animal Rescue League of Boston

New Client Appointment Form

Please complete this form prior to scheduling your appointment

Owner's Info:

Owner's Name: _____ **Phone Number:** _____

Home Address: _____ **Email Address:** _____

For any secondary owner(s) please provide their name and phone number below:

Pet's Info:

Pet's Name: _____ **Species:** _____

Pet's Sex: _____ **Breed:** _____

Birthdate: _____ **Color:** _____

Has your pet been spayed/neutered? _____

Is your pet an ARL Adoptee? If so, please provide your pet's ARL number (Example: A123456): _____

Please repeat the information above for any additional pets.

Please note that BVC requires any previous medical and/or adoption records prior to the appointment.

Please email records to bvc@arlboston.org

Appointment Info:

Do you have any concerns regarding your pet? If so, please briefly explain below:

Is your pet:

Eating and **Drinking** normally? _____

Urinating and **Defecating** normally? _____

If you have answered “**no**” to any of these questions, please provide a brief explanation below:

Has your pet been:

Coughing and/or **Sneezing**? _____

Vomiting and/or having **Diarrhea**? _____

If you have answered “**yes**” to any of these questions, please provide a brief explanation below:

What is your pet’s current diet? Please include the brand, the quantity and the frequency (Example: Hill’s Science Diet, ½ cup dry, every day):

Is your pet currently on any medications? If so, please include the medication(s) name and dosing frequency (Example: Gabapentin 15mg - ½ Tablet, by mouth, every 12 hours):

Is your pet on any Heartworm and/or Flea/Tick Preventatives? What brand? When was the last dose given?:

When scheduling an appointment, please provide multiple dates and times so that we can help get your pet scheduled into an available slot.

Thank you for taking the time to complete this form. We look forward to meeting you soon!