

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse's Work Phone _____

Place of Employment _____ Best Time To Reach You _____

Driver's License # _____ Social Security # _____ E-Mail _____

*** All fees are due at time services are rendered.**

Please indicate choice of payment: Cash / Check Visa Master Card

How did you become aware of our clinic? Drove By Yellow Pages Previous Client

Personal Recommendation (Whom may we thank?) _____

PATIENT INFORMATION	PET # 1	PET # 2	PET #3
Name			
SPECIES			
BREED			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED OR NEUTER?			
YOUR DOG VACCINATION HISTORY:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
FECAL (STOOL SAMPLE TEST)			
HEARTWORM TEST			
HEARTWORM PREVENTION			
YOUR CAT VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA			
FIV			
LEUKEMIA / FIV TEST			
FECAL (STOOL SAMPLE TEST)			

Our pet(s) is(are): Member of our family Child's pet(s) Backyard pet

Any previous, serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment of your pet? Yes No