

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 # _____ Date of Birth ____/____/____ E-Mail Address _____

How did you become aware of our clinic? € Drove by € Yellow Pages € Previous Client € Other _____

€ Personal Recommendation (*Whom may we thank?*) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH OR AGE			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
HEARTWORM TEST			
FECAL (STOOL SAMPLE)			
MONTHLY PARASITE PREVENTION			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO, CHLAMYDIA, PANLEUK			
LEUKEMIA			
LEUKEMIA / FIV TEST			
FECAL (STOOL SAMPLE)			
MONTHLY PARASITE PREVENTION			

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

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

We often take pictures of our patients and may use them on our website. Do you authorize the use of your pet's pictures for use on our website or marketing materials? Yes No Initials _____

There is a \$35.00 service charge for all returned checks as well as 100% collections fees for all aged accounts. A \$25.00 fee may be applied for appointments that are missed or cancelled without 24 hours notice. All fees are due at the time services are rendered. I have read the above document and agree to all hospital policies.

Client Signature: _____