

**Spouse/Other**

OWNER'S LAST NAME

FIRST

LAST NAME

FIRST

**Address**

STREET

CITY

STATE

ZIP

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **What is the best time to reach you at home?** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Spouse/Other Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**May we contact you at work?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **May we contact Spouse/Other at work?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Pet's Name** \_\_\_\_\_

**Date of last vaccinations:**

**Species & Breed** \_\_\_\_\_

**Rabies** \_\_\_\_\_ **Distemper** \_\_\_\_\_

**Birthdate or Age** \_\_\_\_\_

**Leukemia** \_\_\_\_\_ **Lyme** \_\_\_\_\_

**Color** \_\_\_\_\_

**Heartworm Test** \_\_\_\_\_ **Fip** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Altered** \_\_\_\_\_

**Feline Leukemia/FIV Test** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Stool Checked** \_\_\_\_\_

**Medication/Products currently using** \_\_\_\_\_

**How did you become aware of our hospital?**

**Facebook** \_\_\_\_\_ **Google** \_\_\_\_\_ **Website** \_\_\_\_\_ **Previous Client** \_\_\_\_\_ **Other** \_\_\_\_\_

**Personal recommendation** \_\_\_\_\_

**Who may we thank?** \_\_\_\_\_

**For your convenience, please provide your Driver's License number. This will alleviate future requests each time you pay by check .**

**Driver's License #** \_\_\_\_\_

**By signing below you agree to pay the balance on your account in full at the time services are rendered. Please don't hesitate to ask if you wish to have a written estimate at any time.**

**Signature** (required if printed out and carried, mailed or faxed in)

\_\_\_\_\_

## 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 # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

PLEASE INDICATE CHOICE OF PAYMENT: CASH CHECK VISA MC DISCOVER

How did you become aware of our clinic? \_\_\_ Drove By \_\_\_ Yellow Pages \_\_\_ Other Client \_\_\_ Advertisement

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

### PATIENT INFORMATION

|                              | PET #1 | PET #2 | PET #3 |
|------------------------------|--------|--------|--------|
| NAME                         |        |        |        |
| BREED                        |        |        |        |
| DATE OF BIRTH                |        |        |        |
| COLOR                        |        |        |        |
| SEX: Spay/Neuter             |        |        |        |
| Your pet's past veterinarian |        |        |        |

Our pet(s) is: \_\_\_\_\_ Member of the Family \_\_\_\_\_ Child's Pet \_\_\_\_\_ Backyard Pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccination or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

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

**New Client Form**

**Client Name:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

***Animal Medical History***

| <b><i>Please complete information for all your pets - Thank You!</i></b> | <i>Pet #1</i>  | <i>Pet #2</i> | <i>Pet #3</i> |
|--|--|---------------|---------------|
| <b><i>Pet's Name</i></b>   |  |               |               |
| <b><i>Species (Dog, Cat.)</i></b>  |  |               |               |
| <b><i>Breed</i></b>  |  |               |               |
| <b><i>Description (Color and Markings)</i></b>                           |  |               |               |
| <b><i>Age or Date of Birth (Approximate)</i></b>                         |  |               |               |
| <b><i>Sex</i></b>  | <i>M - F</i>   | <i>M - F</i>  | <i>M - F</i>  |
| <b><i>Altered or Spayed?</i></b>   | <i>Y - N</i>   | <i>Y - N</i>  | <i>Y - N</i>  |
| <b><i>Diet (Name of Your Pet's Food)</i></b>                             |  |               |               |
| <b><i>Daily Medications, Vitamins or Treats</i></b>                      |  |               |               |
| <b><i>Vaccinations</i></b>   | <i>Please note the dates the following vaccines/tests were given</i> |               |               |
|  | <i>Pet #1</i>  | <i>Pet #2</i> | <i>Pet #3</i> |
| <b><i>DOGS:</i></b>  |  |               |               |
| <b><i>DA2LPP (Distemper/Parvo )</i></b>                                  |  |               |               |
| <b><i>Bordetella (Kennel Cough)</i></b>                                  |  |               |               |
| <b><i>Other Vaccines - Please Specify</i></b>                            |  |               |               |
| <b><i>Rabies</i></b>   |  |               |               |
| <b><i>CATS:</i></b>  |  |               |               |
| <b><i>FVRCP (Infectious Diseases)</i></b>                                |  |               |               |
| <b><i>FELV (Feline Leukemia)</i></b>                                     |  |               |               |
| <b><i>Other Vaccines - Please Specify</i></b>                            |  |               |               |
| <b><i>Heartworm Test (Dogs)</i></b>                                      |  |               |               |
| <b><i>FELV Test or FIV Test ? (Cats)</i></b>                             |  |               |               |
| <b><i>Fecal Test (Stool Exam for Worms)</i></b>                          |  |               |               |

|   |  |  |  |
|---|--|--|--|
| <i>Dentistry (Approx Date Work was Done)</i>    |  |  |  |
| <i>Geriatric Health Screen (Approximate)</i>    |  |  |  |
| <i>Medical History - Prior Illness/Surgery:</i> |  |  |  |
|   |  |  |  |
|   |  |  |  |
| <i>Thank You!</i>                               |  |  |  |