

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 information:

CLIENT INFORMATION

Date _____

Name _____ Spouse's name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouses's Work Phone _____

Place of Employment _____ Best Time To Reach You _____

Driver's License # _____ Social Security # _____

All Fees Are Due When Services Are Rendered

Please indicate payment method: Cash/Check Visa Master Card

How did you become aware of our clinic? Drove by Yellow pages Website
 Personal Recommendation (*Whom may we thank?*) _____

PATIENT INFORMATION

| | Pet #1 | Pet #2 | Pet #3 |
|--------------------------|--------|--------|--------|
| NAME | | | |
| BREED | | | |
| DATE OF BIRTH | | | |
| COLOR | | | |
| SEX: Spayed or Neutered? | | | |
| VACCINATION HISTORY | | | |

If needed, where may we acquire a vaccination history on your pet(s)?
 (previous veterinarian, breeder) _____ Phone _____

Any previous illnesses/surgeries? _____

Any allergies to vaccinations/medications? _____

Is your pet on any special diet/medications? _____

Would you like to be present during the treatment of your pet? yes no

Our pet(s) is: Member of our family Backyard pet Hunting animal Breeding animal