

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 _____ Spouse Phone _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____ Previous Veterinarian _____

Drivers License # _____ E-mail Address _____

All fees are due at the time services are rendered. we do not bill.

Please indicate choice of payment: Cash Charge Card Check Care Credit

How did you first" hear about our clinic?

Drove by/Clinic sign Website Personal recommendation Previous client w/new pet

Adoption Agency/Pet Store Veterinarians.com Other _____

Personal Recommendation (whom we may thank?) _____

PATIENT INFORMATION:

	Pet #1	Pet #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			
VACCINATION HISTORY - DOG			
RABIES			
DHLPP PARVO			
BORDETELLA			
CORONA			
LYME			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
VACCINATION HISTORY - CAT			
RABIES			
FVRCP			
LEUKEMIA TEST			
LEUKEMIA VACCINE			
FECAL (STOOL SAMPLE)			
Any previous serious illnesses or surgeries? _____			
Any allergies to vaccinations or medications? _____			
Is your pet on any special diets or medications: _____			

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

Note: An 18% annual interest rate is applied to all accounts 30 days past due • A \$25.00 returned check fee is added for any bounced/returned checks.

I have read and agree to all terms stated above: Signature: _____ Date _____

Thank you for the opportunity to care for your pets.