Waverly Animal Hospital, P.C.

233 S. Waverly Road | Lansing, Michigan 48917 | (517)323-4156
www.waverlyanimalhospital.com

NEW CLIENT FORM

Date:_____ ("owner" refers to pet owner)

Owner's First Name:	Owner's Last Name:	e-mail address:
Home Phone:	Cell Phone:	Employer: Work Phone:
Emergency Contact Name: (other than owner)	Emergency Contact Phone:	Authorized visitors or drop-off/pick-up(if other than owner):
Previous Veterinarian Name/Facility:	Previous Veterinarian Phone:	Permission to Obtain Veterinary Medical Records if necessary (circle): YES NO

PET #1: PET'S NAME	Age/DOB	Species and Breed	(circle one)
			male/female spayed/neutered

Medications and Health Conditions

Name of Medication	Quantity Given	Frequency	Time of last dose given

Please list any medical conditions or health concerns your pet has: _____

_____

1. Has your pet been trained to bite a human? YES___ NO___
2. Has your pet ever growled at another animal? YES___ NO___
3. Has your pet ever growled at a person? YES___ NO___
4. Has your pet ever bitten/attacked another animal? YES___ NO___
5. Has your pet ever bitten/attacked a human? YES___ NO___

If YES, please explain: _____

PET #2: PET'S NAME	Age/DOB	Species and Breed	(circle one)
			male/female spayed/neutered

Medications and Health Conditions

Name of Medication	Quantity Given	Frequency	Time of last dose given

Please list any medical conditions or health concerns your pet has: _____

_____

1. Has your pet been trained to bite a human? YES___ NO___
2. Has your pet ever growled at another animal? YES___ NO___
3. Has your pet ever growled at a person? YES___ NO___
4. Has your pet ever bitten/attacked another animal? YES___ NO___
5. Has your pet ever bitten/attacked a human? YES___ NO___

If YES, please explain: _____

Client/Owner Name:_____Signature:_____Date:_____

Client/Owner Name:_____Signature:_____Date:_____

*Employee:*_____

** If space is needed for additional pets, please print as many additional forms as necessary.*