

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:

Please PRINT

CLIENT INFORMATION

Date _____

Name _____ Spouse/Significant Other _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone (1) _____ Cell Phone (2) _____

Place Of Employment _____ Work Phone _____

* Driver's License # _____ E-Mail Address _____

****We need this information if you ever plan on paying with check***

How did you become aware of our clinic? ☐ Drove by ☐ Yellow Pages ☐ Previous Client ☐ Internet

☐ Recommendation/Referred (Whom may we thank?) _____

Pet # 1

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: ☐ M ☐ F Neutered/Spayed: ☐ Yes ☐ No

At What Age?: _____

Is Your Pet Microchipped: ☐ Yes: _____ ☐ No

Reason For Obtaining Pet: ☐ Companion ☐ Protection ☐ Show

☐ Breeding ☐ Other: _____

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 2

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: ☐ M ☐ F Neutered/Spayed: ☐ Yes ☐ No

At What Age?: _____

Your Pet Microchipped: ☐ Yes: _____ ☐ No

Reason For Obtaining Pet: ☐ Companion ☐ Protection ☐ Show

☐ Breeding ☐ Other: _____

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 3

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: ☐ M ☐ F Neutered/Spayed: ☐ Yes ☐ No

At What Age?: _____

Is Your Pet Microchipped: ☐ Yes: _____ ☐ No

Reason For Obtaining Pet: ☐ Companion ☐ Protection ☐ Show

☐ Breeding ☐ Other: _____

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 4

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: ☐ M ☐ F Neutered/Spayed: ☐ Yes ☐ No

At What Age?: _____

Is Your Pet Microchipped: ☐ Yes: _____ ☐ No

Reason For Obtaining Pet: ☐ Companion ☐ Protection ☐ Show

☐ Breeding ☐ Other: _____

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

All Fees Are Due At The Time Services Are Rendered. Thank you for your cooperation.

Indian Creek Veterinary Hospital Staff.