

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 _____

Emergency Contact _____ Phone _____ Relationship _____

All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment. ☐ Cash ☐ Credit/Debit ☐ Check ☐ CareCredit

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

☐ Personal Recommendation (Whom may we thank?) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
DOES YOUR PET HAVE A MICROCHIP/TATOO ID?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLPPC			
BORDETELLA			
LYME			
GIARDIA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DISTEMPER-RHINO-CHLAMYDIA			
LEUKEMIA			
FIV			
HEARTWORM TEST/PREVENTION?			
FECAL (STOOL SAMPLE)			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a pre-paid deposit may be required for surgical treatment and/or hospitalization.

Signature of Ownerph1

_____ **Date** _____