



Pine Creek Veterinary Associates, PC

NEW CLIENT/NEW PATIENT INFO FORM

Date _____

Thank You for giving us the opportunity to care for your pet(s).

So that we may become better acquainted, please complete the following:

Name _____ Spouse's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse's Work Phone _____

Place of Employment _____ Cell Phone _____

Driver's License # _____ Email Address _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment. Cash/Check Major Credit Cards Care Credit

How did you become aware of our clinic? Drove By Yellow Pages Previous Client
 Other _____ Personal Recommendation (Whom may we thank?) _____

	PET #1	PET #2	PET #3
Name			
Species/Breed			
Date of Birth			
Color			
Sex			
Spayed or Neutered?			
YOUR DOG'S LAST VACCINATION HISTORY:			
RABIES			
DHLP PARVO CORONA			
KENNEL COUGH (Bordatella)			
LYME			
FECAL (Stool Sample)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S LAST VACCINATION HISTORY:			
RABIES			
DISTEMPER VACCINE (FVRCP)			
LEUKEMIA VACCINE (LEUK)			
FELV/FIV (LEUK/AIDS) TEST			
FECAL (STOOL SAMPLE)			

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

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Would you like to be present during the treatment of your pet? Yes No