Client ID#_____

CANINE NEW CLIENT FORM

Name of OWNER (person financially responsible for pet):

First _____ Middle _____ Last _____

Home Address: Street _____

Please circle the phone number you prefer us to contact you: City _____ Zip Code _____

Home Phone _____ Cell phone, or other number _____

Place of Employment _____ Work Phone _____

Email Address _____

Spouse or Significant-other: First _____ Middle _____ Last _____

Spouse's Place of Employment _____ Work Phone _____

Spouse's Cell Phone _____

If paying by check at any time:
Your check must be approved by TeleCheck: a national check/credit reporting service we subscribe to.
TeleCheck requires a copy of the Drivers License of the person signing the check.
Returned check fee is $25.

Please circle choice of payment(s): Cash Personal Check Visa Master Card Discover Debit Card

I understand the above payment policies, and that payment is required at the time that services are rendered. **Please initial_____**

How did you become aware of our clinic? **Circle**: Location Yellow Pages (Color Ad?) Friend Internet

If referred, whom may we thank with a referral gift certificate? _____

PATIENT INFORMATION:

Dog's Name _____ Date-of-Birth or Approximate Age _____

Breed _____ How long have you had this dog? _____

Color _____ Sex _____ Spayed / Neutered ? Yes or No

YOUR DOG'S LAST VACCINATION DATES:

Canine Distemper, Hepatitis, Parainfluenza, & Parvovirus _____
Rabies Vaccination (1 year / 3 year)_____ Leptospirosis _____
Bordetella (Kennel Cough) _____ Lyme disease _____
Name of veterinarian or clinic where vaccines were last given _____

Last Fecal Test or Deworming _____ Last Heart Worm Test_____
Name of Heart Worm Preventative _____ Date last given _____
Name of Flea Preventative _____ Date last given _____

Medical Records Release Waiver

I agree to allow Eagle Creek Animal Clinic to release the contents of my pet's vaccine record to other pet professional agencies such as boarding and grooming facilities and pet trainers. I may at any time request, in writing, that my records not be released to non-veterinarians.

X_____ Date_____