

# KESSEN VETERINARY CLINIC

## 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

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Spouse's Phone ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Best way to reach you, please check all that apply:  Phone Call  Fax \_\_\_\_\_  Text Message  E-Mail

E-Mail Address (*Strictly for Clinic use ONLY*) \_\_\_\_\_

Driver's License # \_\_\_\_\_

### ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment.  Cash/Check  Visa  MasterCard  Care Credit

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

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

Other – please specify \_\_\_\_\_

Pet Name \_\_\_\_\_ Pet Age (Date of Birth) \_\_\_\_\_

Canine  Feline  Female  Female Spayed  Male  Male Neutered

Reason for visit today: \_\_\_\_\_

Has your pet had any previous illnesses or surgeries? \_\_\_\_\_

Has your pet had any allergic reactions to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

How will be best to contact you for appointment, vaccination reminders & clinic specials?

- Phone Call
- Text Message
- E-Mail

Thank you again for choosing our clinic to care for your pet(s).