

# Welcome to El Cerrito Veterinary Hospital

*Please fill out this New Client Form*

## **Your Information:**

Name: \_\_\_\_\_ Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Secondary Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Do you prefer email or post card reminders? \_\_\_\_\_

Your date of birth \_\_\_\_\_ Occupation \_\_\_\_\_

## **Pet Information:**

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Pet's date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

How did you choose our office? \_\_\_\_\_

If you were referred, whom may we thank? \_\_\_\_\_

Why did you leave your last veterinarian? \_\_\_\_\_

When was your pet's last veterinary appointment? \_\_\_\_\_

What was done at that visit? \_\_\_\_\_

Would you like us to contact your last veterinarian to request medical records? \_\_\_\_\_

If yes, list hospital name and phone # \_\_\_\_\_

Do you have any fear of veterinary treatment for your pet? \_\_\_\_\_

Has your pet had a negative veterinary experience? (If yes, please explain.) \_\_\_\_\_

## **Pet Health Information:**

Is there any area that your pet is especially sensitive? \_\_\_\_\_

Please list any medications your pet is currently taking: \_\_\_\_\_

Does your pet have any known drug allergies? \_\_\_\_\_

What vaccinations has your pet had and when were they given? \_\_\_\_\_

What flea preventative are you currently using? \_\_\_\_\_

Have there been recent changes to your pet's environment? \_\_\_\_\_

**Specific Pet Health Issues:**

Has your pet ever had (check all that apply):

- fainting spells       muscular weakness       bleeding episode       seizures
- runny eyes       skin problems       flea problems       hair loss
- short of breath       lameness       coughing spasms       tumors
- dental problems       diarrhea       vomiting       ear infection
- allergies       reactions to vaccines

Has your pet had care in these areas? (check all that apply)

- dental prophylaxis       x-rays       heartworm test       ultrasound
- blood test       fecal       urine test
- FIV/FLV tests (feline immunodeficiency virus/feline leukemia virus)

How many other pets are in your household? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Is there anything else we should know about your pet to best meet their health care needs?

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**Other Information:**

**Payment is due when services are rendered.**

Payment types accepted: Cash, Check, VISA, Master-Card, Discover

**Emergency Veterinary Services:** El Cerrito Veterinary Hospital is not an emergency hospital. There are no staff personnel on the premises after hours. For these emergencies we generally refer our clients to the Pet Emergency and Specialty Center (near Grossmont Center – please see our website).

***I have read and understand the disclosure above.***

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature Required)