

New Client/Pet Form

Owner's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Apt: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Spouse or Co-Owner: _____ Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about Appalachian Animal Clinic?

Family/Friend/Neighbor Who? _____

Appalachian Animal Clinic Team Member Who? _____

Online Search Humane Society Rescue Group Facebook Sign

Pet Information

Pet's Name _____

Birth Date _____ Age _____

Species _____ Breed _____

Color: _____

Female Spayed: Yes No

Male Neutered: Yes No

Vaccination History

(Indicate the date your pet received the following vaccinations)

Canine/Distemper/Parvo _____

Bordatella _____ Rabies _____ 1yr/3yr

Heartworm Test _____ Fecal _____

Feline Distemper _____ Rabies _____ 1yr/3yr

Feline Leukemia _____ FELV/FIV Test _____

Medical Records (Name of the hospital where they can be obtained)

Heartworm Preventative: Yes/No

if yes last date given? _____

Flea Preventative: Yes/No

if yes last date given? _____

Microchip Identification # _____

If you are unsure of your pet's microchip number or if they may have one at all, please let us know. We will gladly scan your pet to check for you!

Please Read and sign below:

I understand that all fees are due when services are rendered. I may pay with cash, check, credit card, or care credit. There will be a \$30.00 charge on all returned checks in addition to fees charged by the collection service. Should my account be referred to an independent collection agency, I understand that I am responsible for any additional cost such as collection fees, attorney fees, and court cost.

Signature

Date

Appalachian Animal Clinic

2160 Spring Place Rd.

Cleveland, TN 37323

(423) 479-4760