

## Mill Creek Animal Hospital New Client/Patient Form

*"Thank you for choosing Mill Creek Animal Hospital to help care for your beloved furry family member. We appreciate the trust you put in our Team." Please fill out completely so that we may better care for your pets.*

### Client Information

Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

(Circle Main Contact Number)

Email \_\_\_\_\_

Method of Payment:  Cash  Check (must have Driver's License Copy)  CC  Care Credit

How did you first hear of Mill Creek?  Referral (Name \_\_\_\_\_)  YP

Website  Internet Search  Shelter

Previous Client  Newspaper

Previous Major Medical History (illnesses, surgeries, chronic conditions, etc.)

\_\_\_\_\_

Name of Heartworm Prevention/Date of Last

Dose \_\_\_\_\_

Name of Flea/Tick Prevention/Date of Last

Dose \_\_\_\_\_

Allergies/Vaccine Reactions \_\_\_\_\_

Special Diets/Medications \_\_\_\_\_

Date(s) of Last Vaccines \_\_\_\_\_

Previous Veterinarian (Name, Number, so that we may get prior records for continuity)

\_\_\_\_\_

<b>Patient:</b> Name Breed Age/DOB Color Sex/Neutered	<b><u>Pet #1</u></b> _____ _____ _____ _____	<b><u>Pet #2</u></b> _____ _____ _____ _____	<b><u>Pet #3</u></b> _____ _____ _____ _____
<b><u>Vaccine History-Dog</u></b> Rabies DA2PP (Distemper) Bordatella K9 Flu Lepto Lyme HW Test Fecal Test	<b><u>Date Administered</u></b> _____ _____ _____ _____ _____ _____ _____ _____ _____	<b><u>Date Administered</u></b> _____ _____ _____ _____ _____ _____ _____ _____ _____	<b><u>Date Administered</u></b> _____ _____ _____ _____ _____ _____ _____ _____ _____
<b><u>Vaccine History-Cat</u></b> Rabies DRC (Feline Distemper) Leukemia FIV/FelV Test Fecal Test	<b><u>Date Administered</u></b> _____ _____ _____ _____ _____	<b><u>Date Administered</u></b> _____ _____ _____ _____ _____	<b><u>Date Administered</u></b> _____ _____ _____ _____ _____

For Extra Patients, please print/fill out a second form.

I understand that ALL PROFESSIONAL FEES FOR SERVICES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare a written estimate if you desire (please ask a doctor, veterinary nurse or receptionist). There will be a service charge for any returned check.

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_