

### 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 Date \_\_\_\_\_

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

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

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

Place Of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

#### All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment.     Cash / Check     Visa     MasterCard     American Express     Discover

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

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

PET INFORMATION	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO			
BORDETELLA (KENNEL COUGH)			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST/RHINO/CALICI/CHLA			
LEUKEMIA TEST			
FELINE LEUKEMIA VACCINE			
FECAL (STOOL SAMPLE)			

Our pet(s) is:     Member of our family     Child's pet     Backyard pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

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

Would you like to be present during treatment to your pet?     Yes     No

Is there anyone else who is authorized to treat your pet(s). \_\_\_\_\_