



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 _____ Spouse's Work 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. We are unable to accept a personal check on an initial visit.

Cash Visa MasterCard

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

Personal Recommendation (*Whom may we thank?*) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHPP			
BORDETELLA			
RATTLE SNAKE			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
LEUKEMIA			
LEUKEMIA TEST			
FVRCP			
FECAL (STOOL SAMPLE)			

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

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