



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 _____

E-Mail Address _____

All Fees Are Due At The Time Services Are Rendered

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

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

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			
DHP PARVO			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
LEPTOSPIROSIS			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA VACC			
LEUKEMIA TEST			
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

Revised: _____ 200__ / _____ 200__ / _____ 200__