

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: CASH CHECK VISA MC DISCOVER

How did you become aware of our clinic? ___ Drove By ___ Yellow Pages ___ Other Client ___ Advertisement

Personal Recommendation (Whom may we thank?) _____

PATIENT INFORMATION

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: Spay/Neuter			
Your pet's past veterinarian			

Our pet(s) is: ___ Member of the Family ___ Child's Pet ___ Backyard Pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccination or medications? _____

Is your pet on any special diets or medications? _____

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