



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 _____

Primary contact phone: _____ Cell / Home / Work

Alternate contact phone: _____ Cell / Home / Work / Spouse's Cell

E-Mail Address _____

All fees are due at the time services are rendered. We do not offer any delayed billing.

We accept the following payment methods: Cash, Check (with valid ID), Visa, MasterCard, Discover, CareCredit.

How did you become aware of our clinic? Hospital Sign Yellow Book Yellow Pages On-line

FaceBook Other website/search engine _____

Personal Recommendation (Whom may we thank?) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED			
YOUR DOGS VACCINATION HISTORY			
RABIES			
DISTEMPER/PARVO			
HEARTWORM TEST			
BORDETELLA (KENNEL COUGH)			
YOUR CAT'S VACCINATION HISTORY			
RABIES			
DISTEMPER-RHINO-CHLAMYDIA			
LEUKEMIA VACCINE			
LEUKEMIA/FIV TEST			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

When and where was your pet's most recent veterinary examination? _____

Animals have a natural instinct to protect their owners but this tendency often leads to undue stress for the pet during a veterinary visit. Typically, following your pets physical exam, we will take the pet into our treatment room for vaccines and other treatments. This tactic removes much of the stress your pet may experience and prevents them associating you with the sometimes less pleasant experiences such as receiving injections. During this time we will check you out while your hands are "leash" or "carrier" free. This allows us to expedite your check out because we know your schedule is busy and we respect your time.