

# NEW CLIENT REGISTRATION



Come. Heal. Stay well.

Thank you for giving Kelley Animal Hospital the opportunity to care for your pet. Please complete the following:

\_\_\_\_\_ Date \_\_\_\_\_ How did you become aware of Kelley Animal Hospital?

\_\_\_\_\_ Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Spouse/Partner: Last \_\_\_\_\_ First

\_\_\_\_\_ Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Home Phone \_\_\_\_\_ Owner's Work Phone \_\_\_\_\_ If necessary may we call you at work?

\_\_\_\_\_ Owner's Cell Phone \_\_\_\_\_ Spouse's/Partner's Work Phone \_\_\_\_\_ If necessary may we call you at work?

\_\_\_\_\_ Spouse's/Partner's Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Place of Employment / Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Children's Names & Ages

<b>Pet's Name</b>			
<b>Breed</b>			
<b>Color / Markings</b>			
<b>Date of Birth</b>			
<b>Sex / Spayed or Neutered</b>			
<b>Date of Vaccinations / Procedures:</b>			
<b>Distemper Combination</b>			
<b>Rabies</b>			
<b>Bordetella (Dogs)</b>			
<b>Lyme (Dogs)</b>			
<b>Leukemia Vaccination (Cats)</b>			
<b>Leukemia Test (Cats)</b>			
<b>Heartworm Test</b>			
<b>Fecal Examination</b>			
<b>Prior Illness, Surgery or Drugs</b>			
<b>Vaccination/Medication Allergies</b>			
<b>Current Medications or Special Diets</b>			

- Check One:**  I feel my pet is a member of our family.  I feel my pet is just a pet.
- Check One:**  I want the best medical care for my pet. Please recommend anything that you feel necessary for good health.  
 I want good medical care for my pet, but there is a limit to what I am able to provide.  
 I want you to perform only the services I request.
- Check One:**  I want to learn as much as I can about pet health care.  Just summarize what's been done for my pet or what is needed.