



# Allen Veterinary Centre

1021 W. McDermott Dr. Allen, TX 75013

## NEW CLIENT & PATIENT INFORMATION FORM

### Client Information:

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse's Cell Phone: \_\_\_\_\_

How did you hear about Allen Veterinary Centre?  Clinic Sign  Yellow Pages  Web Site

Personal Recommendation \_\_\_\_\_

(We would like to send them a Thank You Note)

Other \_\_\_\_\_

### Pet Information:

Name: \_\_\_\_\_

Species:  Canine  Feline

Breed: \_\_\_\_\_

Sex:  Male  Female  Spayed/Neutered

Age/Date of Birth: \_\_\_\_\_ Description/Color: \_\_\_\_\_

When and where were last Vaccinations given? \_\_\_\_\_

**Dogs** (Rabies, DA2P, Parvo, Bordetella, Heartworm test, fecal examination) What heartworm prevention is your dog on?  Heartgard

Interceptor

Sentinel

Revolution

None

Other \_\_\_\_\_

**Cats** (Rabies, FVRCP, Feline Leukemia)

Does your pet have a history of (Please Check all that apply):  None

Vaccine reactions

Allergies

Heart murmur/Heart disease

Anesthetic Complications

Aggression

Chronic Ear/Skin Infections

Seizures

Other (please explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, owner or authorized agent assume financial responsibility for all charges incurred on behalf of my pet and agree to pay such charges at the time services are rendered. I hereby certify that I have read and understand the agreement.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_