

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- Please PRINT

Date _____

Name _____ Spouse/Significant Other _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone (1) _____ Cell Phone (2) _____

Place Of Employment _____ Work Phone _____

* Driver's License # _____ E-Mail Address _____

****We need this information if you ever plan on paying with check***

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

€ Recommendation/Referred (*Whom may we thank?*) _____

Pet # 1

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: M F Neutered/Spayed: Yes No

At What Age?: _____

Is Your Pet Microchipped: Yes: _____ No

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 2

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: M F Neutered/Spayed: Yes No

At What Age?: _____

Your Pet Microchipped: Yes: _____ No

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 3

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: M F Neutered/Spayed: Yes No

At What Age?: _____

Is Your Pet Microchipped: Yes: _____ No

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

Pet # 4

Name: _____

Breed: _____

Date of Birth/Age: _____

Color: _____

Sex: M F Neutered/Spayed: Yes No

At What Age?: _____

Is Your Pet Microchipped: Yes: _____ No

Pet's Current Diet: _____

Pet's Current Medication: _____

Any Previous Surgeries: _____

Any History of Allergies/Reactions: _____

All Fees Are Due At The Time Services Are Rendered. Thank you for your cooperation.

Indian Creek Veterinary Hospital Staff

For Office Use Only

<i>Date</i>							
<i>Initials</i>							