



NEW CLIENT/PATIENT FORM

Thank you for giving us the opportunity to care for your pet.

To ensure the best care possible, please take the time to fill in this form completely.

Client Information

Owner's Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____
Employer: _____ Occupation: _____ Work Phone: _____
Spouse/Co-owner's Name: _____
Cell Phone: _____ Home Phone: _____
Employer: _____ Occupation: _____ Work Phone: _____
What is the best phone number to reach you at about your pet: _____
What is the best time to contact you about your pet: _____
May we contact you and/or the co-owner at work? Yes No
E-mail: _____

How did you hear about our clinic?

Internet/Website Saw Building/Sign Phone Book Neighborhood Magazine
 Recommendation (Who may we thank?): _____

Pet Information/History

Pet's Name: _____ Dog Cat Other: _____
Sex: Male Female Neutered/Spayed? Yes No If yes, at what age? _____
Age: _____ Birthdate: _____ Breed: _____ Color: _____
Obtained from: Friend/Family Breeder Pet Store Humane Society Rescue Other: _____
Reason for obtaining pet: Companion Breeding Show Other: _____
Pet's Diet-Brand: _____
Amount: _____ Frequency: _____ /or Free-Fed
Current medications, vitamins or supplements (if any): _____
Is your pet currently on Heartworm prevention? Yes No
Is your pet currently on flea/tick control? Yes No Is your pet current on vaccines? Yes No
Previous Veterinarian: _____ May we get the pet's records? Yes No
Prior Illness: _____ Prior surgery: _____
Pet's Symptoms/Changes (Please check any symptoms, problems or changes you have noticed with your pet):
 Appetite Loss/Increase Balance Issues Behavioral Changes Breathing Problems Coughing Depression
 Diarrhea Gagging Head Shaking Lethargy Scooting Scratching Shaking Sneezing Thirst
 Urination Weakness Vomiting Other: _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. There is no billing or credit from this office, therefore all charges must be paid for at the time of release. A deposit may be required for treatment. We accept the following methods of payment: Cash, Check, Master Card, Visa, American Express and Discover. There will be a \$30 fee for a returned check.

Owner/Co-owner/Responsible Party Signature: _____ Date: _____