

Allpets New Client Information Form

Please complete and bring with you to your pet's first visit to Allpets. Thank you!

Your name _____

Spouse/other _____ Children _____

Street _____ City _____ Zip _____

Home phone _____ County _____

Your cell _____ E-mail _____

Your employer _____ Work phone _____

Spouse/other cell _____ E-mail _____

Spouse/other employer _____ Work phone _____

How did you first find out about Allpets? _____

My pet is: 1. an important member of my family 2. a pet

I would like: 1. an estimate upon request 2. an estimate at each visit

Reason for your pet's visit today _____

Name of pet _____ Birthday or age _____

Species (dog, cat, bird, rabbit, reptile, etc.) _____ Microchipped? _____

Breed _____ Colors _____

Sex (male or female) _____ Spayed/neutered? _____

To the best of your ability, please list most recent vaccinations, stool exams, urinalysis, heartworm and other blood tests: _____

Previous veterinarian or veterinary hospital _____

Current meds, including flea prevention, heartworm med, vitamins, supplements: _____

Do you have pet insurance? _____

Please note that payment is due when services are rendered. We accept cash, MasterCard, VISA, and Discover. A deposit may be required.

Please feel free to request a tour of our building.