

# NEW 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**

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse's Work/Cell Phone \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**All Fees Are Due at The Time Services Are Rendered**

Please indicate choice of payment.     Cash     Credit/Debit     Check     CareCredit

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

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

|  | PET # 1 | PET # 2 | PET # 3 |
|--|---------|---------|---------|
| PET'S NAME                               |         |         |         |
| BREED                                    |         |         |         |
| DATE OF BIRTH                            |         |         |         |
| COLOR                                    |         |         |         |
| SEX; SPAYED OR NEUTERED?                 |         |         |         |
| DOES YOUR PET HAVE A MICROCHIP/TATOO ID? |         |         |         |
| <b>YOUR DOG'S VACCINATION HISTORY:</b>   |         |         |         |
| RABIES                                   |         |         |         |
| DHLPPC                                   |         |         |         |
| BORDETELLA                               |         |         |         |
| LYME                                     |         |         |         |
| GIARDIA                                  |         |         |         |
| HEARTWORM TEST/PREVENTION?               |         |         |         |
| <b>YOUR CAT'S VACCINATION HISTORY:</b>   |         |         |         |
| RABIES                                   |         |         |         |
| DISTEMPER-RHINO-CHLAMYDIA                |         |         |         |
| LEUKEMIA                                 |         |         |         |
| FIV                                      |         |         |         |
| HEARTWORM TEST/PREVENTION?               |         |         |         |

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

**Authorization**

*I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a pre-paid deposit may be required for surgical treatment and/or hospitalization.*

**Signature of Owner**

Date \_\_\_\_\_