

NEW CLIENT FORM

Date: _____

Pet Owner's Name: _____

Spouse's Name: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Driver's License: _____

How did you hear about us? Phone Book _____ Advertisement _____ Location _____
Referred by Client _____ Other _____

Where did you get this animal? _____

How long have you had this animal? _____ Please list other pets that you have in your home: _____

Previous Veterinarian or Clinic: _____

Name of Pet: _____ Breed: _____

Color: _____ Age: _____ Birthdate: _____

Male: _____ Female: _____ Neutered/Spayed? _____ On Heartworm Prevention? _____

If on heartworm prevention, which one? _____

Is your pet on any flea prevention? _____ If yes, which one? _____

Does your pet have a microchip? _____ Is your pet current on vaccinations? _____

Please list vaccinations and date given:

RABIES: _____ DHLPP: _____ BORDETELLA: _____ CORONA: _____

LYME DISEASE: _____ CANINE INFLUENZA: _____ RATTLESNAKE: _____

FVRCP: _____ FELV: _____ FIP: _____ Other: _____

Please give any important medical history about your pet: _____

Is your pet on any prescription medications? _____ If yes, please list: _____

Reason for bringing your pet to our clinic? _____

I understand that payment is due when service is rendered. A fee of \$25.00 will be charged for all returned checks.

Signature: _____