



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 Phone _____

Place Of Employment _____ Best Time To Reach You _____

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

All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment. Cash / Check Visa MasterCard Discover

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

Personal Recommendation (*Whom may we thank?*) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH / AGE			
DESCRIPTION / COLOR			
SEX; SPAYED OR NEUTERED?			
PREVIOUS HOSPITAL / VET			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO CORONA			
BORDETELLA			
INTRA TRAC II			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
YOUR CAT'S VACCINATION HISTORY:			
RABIES			
DIST-RHINO CHLAMYDIA			
LEUKEMIA TEST			
LEUKOCELL			
FECAL (STOOL SAMPLE)			

Our pet(s) is: Member of our family Child's pet Backyard pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment to your pet? Yes No

Revised: _____ 200__ / _____ 200__ / _____ 200__

Please tell us of any other information we should have to best assist you and your pets.

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard and Discover Card. We charge \$20 fee for returned checks.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE REQUIRE ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE.

I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE: _____ DATE: _____