



# 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 \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

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

Alternate Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Is this person authorized to make decisions on your behalf for the welfare of these pets?      Yes      No

## All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment.     Cash / Check     Visa     MasterCard

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                   |         |         |         |
| COLOR                           |         |         |         |
| SEX; SPAYED OR NEUTERED?        |         |         |         |
| 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