



**New CLIENT Information**

Date \_\_\_\_\_

Owner/Client Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Driver's License \_\_\_\_\_

Spouse/Partner \_\_\_\_\_ Spouse/Partner Cell Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**New PATIENT Information**

(Please provide staff with records from previous veterinarian)

Name	Dog/Cat	M/F	Breed	Age/Birthdate	Color
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Where and when did you acquire this pet? \_\_\_\_\_

Has this pet had any prior illness or injury? \_\_\_\_\_

Is this pet spayed/neutered? \_\_\_\_\_ Is this pet microchipped? \_\_\_\_\_

Is this pet currently on any medications, heartworm, or flea/tick preventative? \_\_\_\_\_

What brand of food do you feed? \_\_\_\_\_

**Other Household Pets**

Name	Dog/Cat	M/F	Breed	Age/Birthdate	Color
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please check the services/vaccinations your pets receive.

- |  |  |
|--|--|
| <input type="checkbox"/> Canine Rabies Vaccine               | <input type="checkbox"/> Feline Rabies Vaccine     |
| <input type="checkbox"/> Canine Distemper/Parvovirus Vaccine | <input type="checkbox"/> Feline Distemper Vaccine  |
| <input type="checkbox"/> Canine Leptospirosis Vaccine        | <input type="checkbox"/> Feline Leukemia Vaccine   |
| <input type="checkbox"/> Canine Lyme Vaccine                 | <input type="checkbox"/> Fecal Testing             |
| <input type="checkbox"/> Canine Bordetella Vaccine           | <input type="checkbox"/> Heartworm Testing         |
|  | <input type="checkbox"/> Dental Cleaning/Treatment |

We accept the following forms of payment: Cash, Visa, Mastercard, Discover, American Express, Care Credit.

I understand that payment in full is due when services are rendered X \_\_\_\_\_