



NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). Date: _____

So that we may become better acquainted, please complete the following:

All fees are due at the time of services rendered

Name: _____ Spouse/partner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Drivers License Number: _____ Spouse's/Partner's Work Phone: _____

What is the best way to reach you in an emergency? _____

What is your email address? _____ Would you prefer Email reminders? YES NO

Children/Ages: _____ - _____ - _____

How did you hear about our hospital? Drove by _____ Yellow pages _____ Advertisement _____

Newcomers letter _____ Referral? Whom may we thank for referring you? _____

Patient Information: Please provide as much information as possible on all pets.

	<u>Pet #1</u>	<u>Pet #2</u>	<u>Pet #3</u>
Name	_____	_____	_____
Breed	_____	_____	_____
Date of Birth	_____	_____	_____
Color	_____	_____	_____
Sex: Spayed/Neutered?	_____	_____	_____

Our pet(s) is: _____ Member of our family _____ Backyard pet.

Please list any past serious illnesses or surgeries: _____

Are there any past problems with vaccinations or medications? _____

Is your pet on any special diets, medications or supplements? _____

May we contact your previous Vet. for your pet's records? YES NO

If so, please write the name, town and state of your previous animal hospital. _____

Vaccine History – Dog (Please give the most current dates or provide us with a copy of the records.)

Rabies	_____	_____	_____
DHP Parvo	_____	_____	_____
Lyme Vaccine	_____	_____	_____
Bordetella (Kennel Cough)	_____	_____	_____
Heartworm Test/Prevention	_____	_____	_____

Vaccine History – Cat (Please give the most current dates or provide us with a copy of the records.)

Rabies	_____	_____	_____
FVRCP-Chlamydia	_____	_____	_____
Leukemia Test	_____	_____	_____
Leukemia Vaccine	_____	_____	_____

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

For office use only

First Appointment Scheduled (date & time): _____ All info entered into cstone.

Patient(s) history: Called vet: _____ History received: _____ Reminders in: _____ File made: _____