

# 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 Code \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Best Time to Reach You \_\_\_\_\_

Driver's Licence # \_\_\_\_\_ Social Security # \_\_\_\_\_ Email Address \_\_\_\_\_

**ALL FEES ARE DUE AT TIME OF SERVICE \*Please note- Sorry, No Credit or Debit Cards Accepted.**

Please Indicate your choice of payment.    Cash    Check    Money Order

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
NAME		
BREED		
DATE OF BIRTH		
COLOR		
SEX; SPAYED OR NUETERED?		

## YOUR DOGS VACCINATION HISTORY

RABIES		
DHLP PARVO CORONA		
BORDETELLA		
FECAL		
HEARTWORM TEST/ PREVENTION		

## YOUR CATS VACCINATION HISTORY

RABIES		
DIST-RHINO CHLAMYDIA		
LEUKEMIA/ FIV TEST		
LEUKEMIA VACCINE		
FECAL (stool sample)		

Our Pet(s) is/are:    Member(s) of our family    Childs Pet(s)    Backyard Pet(s)

Any previous serious illness or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any diets or medications? \_\_\_\_\_

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

Revised \_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_