

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So we may become better acquainted, please complete the following:

CLIENT INFORMATION Date _____

Name _____ Spouse's Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Driver's License # _____ Best Time to Reach You _____

ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED

Please indicate choice of payment: Cash/ Check Visa MasterCard

	Pet # 1	Pet # 2	Pet # 3
NAME			
BREED			
DATE OF BIRTH / AGE			
COLOR			
SEX: SPAYED OR NEUTERED	Male(N)/Female(S)	Male(N)/Female(S)	Male(N)/Female(S)
PET'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO DIST-RHINO			
BORDETELLA LEUK			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREV			
LEUKEMIA TEST			

How did you hear of us: Phonebook Location Person _____

Where were vaccinations given? _____

In case of EMERGENCY, please call _____ at telephone number _____

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

Any previous serious illnesses or surgeries? _____

Any allergies to vaccination or medications? _____

Is your pet on any special diets or medications? _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED, BOARDED AND PETS TO BE GROOMED MUST BE CURRENT ON ALL VACCINATIONS AND FREE OF INTERNAL AND EXTERNAL PARASITES.

I authorize the doctor to provide vaccines and parasite control as needed for my pet(s).

X _____