

NEW CLIENT INFORMATION SHEET

Date: _____
Name: _____ Spouse's Name: _____
Address: _____ City, State, Zip : _____
Apt # _____ Home Phone # _____
Fax # _____

Email Address: _____ (Grants FREE access to your Pet Portal, an online service where you can check your pet's reminders, request appointments or prescriptions, ask questions, and find informational articles. We will email your Pet Portal information to you.)

Place of employment: _____ Work Phone # _____
Drivers license # _____ Social Security # _____
Spouse's employment: _____ Spouse's Work Phone # _____

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How did you learn about our hospital?

Drove By _____ Yellow Pages _____ Previous Client _____
Personal Recommendation _____ Whom may we thank for the referral? _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate your choice of payment: Cash Check Visa/ MasterCard/ Discover

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PATIENT INFORMATION:

Pet's Name: _____ Breed: _____ Color: _____
Sex: _____ Spayed or Neutered? _____ Date of Birth?: _____

Please answer the following questions (Approximate dates are fine.)

Date of last Rabies vaccination: _____ 1 yr or 3 yr _____

Date of last fecal exam for parasites: _____

Any previous serious illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Please answer the following questions in regards to your DOG.

Date of last Distemper/Parvo/ Corona Vaccination: _____

Date of last heartworm blood test? _____

Which heartworm preventative do you use? _____

Do you board your dog at a kennel? _____

Date of last Bordetella vaccination? _____

Please answer the following questions in regards to your CAT.

Date of last Distemper/Rhino/ Calici/Chlamydia vaccination? _____

Has your cat ever been tested for Leukemia or feline AIDS? _____

Date of last Feline Leukemia vaccination: _____