

New Client Information

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Name _____ Date _____

Last name

First name

Initial

Address _____ City _____

State _____ Zip _____ Home phone _____ Cell phone _____

Email _____

Employer _____ Occupation _____ Business phone _____

Spouse or co-owner _____

Home phone _____ Cell phone _____

Business phone _____ Email _____

How did you learn about our practice? _____

Notify in case of emergency _____

Home phone _____ Cell phone _____

Business phone _____ Email _____

Pet Information

Pet's Name _____ Dog Cat Other _____ Age/Birthdate _____

Sex M F Breed _____ Color _____ Neutered/Spayed Yes No At what age? _____

Where did you obtain this pet? Friend Breeder Pet Shop Humane Society Other _____

At what age was the pet obtained? _____ months/years

For what purpose was this pet obtained? Companionship Protection Breeding Show Other _____

Diet (kind of pet food) _____

Reason for pet's visit:

Payment

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time of services rendered. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) _____ Date _____