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/Co-Owner’s Name

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Co-Owner’s Work Phone

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

E-Mail Address

**All Fees Are Due At the Time Services Are Rendered**

How did you become aware of our clinic?  Drove by  Web site  Client  Facebook

  Google  Yelp  Yellow Pages Other \_\_\_\_\_\_\_\_\_\_\_

  Personal Recommendation *(Who may we thank?)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | PET # 1 | PET # 2 | PET # 3 |
| NAME |  |  |  |
| BREED  |  |  |  |
| DATE OF BIRTH |  |  |  |
| COLOR |  |  |  |
| SEX; SPAYED OR NEUTERED? |  |  |  |
| YOUR DOG’S VACCINATION HISTORY: |
| RABIES |  |  |  |
| DHLP PARVO  |  |  |  |
| BORDETELLA |  |  |  |
| FECAL (STOOL SAMPLE) |  |  |  |
| HEARTWORM TEST/PREVENTION |  |  |  |
| YOUR CAT’S VACCINATION HISTORY: |
| RABIES |  |  |  |
| DIST-RHINO CHLAMYDIA |  |  |  |
| LEUKEMIA TEST |  |  |  |
| FECAL (STOOL SAMPLE) |  |  |  |

Our pet(s) is:  Indoor Only  Outdoor Only  Equally Indoor/Outdoor  A Child’s Pet

Any previous serious illnesses or surgeries?

Any allergies to vaccinations or medications?

Is your pet on any special diets or medications?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_