



Preventative & Wellness Care
 Internal Medicine & Orthopedics
 Radiology & Diagnostics
 Nutritional Counseling
 Low Level Cold Light Laser Therapy

Dentistry
 Surgery
 Ultrasonography
 Chemotherapy
 Grooming

New Client Form

OWNER INFORMATION

Last Name: First Name: Middle Name:
 Street Address:
 City: State: Zip:
 Home/Cell Phone: Work Phone:
 Driver's License #: Social Security:
 Do You Have A Dr. Preference? Yes No
 Is This Your First Visit? Yes No Occupation:
 Whom May We Thank For Referring You?
 Email Address:

PET INFORMATION

Animal Name: Species: Dog Cat Bird Other
 Color: Breed
 Sex: Male Female Date of Birth Approx Age Neutered Spayed

MEDICAL INFORMATION

Vaccine Dates

DOG: Distemper	Parvo:	CAT: Distemper/Respiratory Complex
Rabies:	Bordetella	Feluke Test: Vaccine.....
Fecal Check:		Rabies:
Heartworm Check:		Fecal Check:

Is your pet on heartworm prevention? Yes No
 What prior illnesses, surgeries, or drug allergies should we know about?
 Is your animal on any specific medication?
 Location of previous medical history & phone
 Does your pet have any behavioral problems?
 Reason for today's visit.

I understand that it is the policy of this animal hospital to receive payment as services are rendered and that a deposit will be required upon admission to the hospital for medical/surgical cases, trauma cases, and emergency work.
 I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

Signature of owner or authorized representative: Date:
 Emergency Contact: