



# NEW CLIENT INFORMATION

Thank you for giving our hospital the opportunity to care for your pet, so that we may be better able to meet your needs, please complete the following.

## OWNER/CLIENT INFORMATION

Date \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Work Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Other Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ If necessary, may we contact you at work?  yes  no

How did you become aware of our hospital?  Client  Previous Client  Drive By  Yellow Pages  Postcard Ad

Personal Recommendation - Whom may we thank? \_\_\_\_\_

Address \_\_\_\_\_

## PET INFORMATION

Name \_\_\_\_\_ Age/Birthdate \_\_\_\_\_  Dog  Cat  Bird  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex:  Male  Female  Spayed  Neutered

Has your pet been to a veterinarian before?  Yes  No Date of last visit \_\_\_\_\_

If so, is there a reason for changing? \_\_\_\_\_

Is there any other information we should know about your pet? \_\_\_\_\_

## MEDICAL HISTORY

DOG	DATE	CAT	DATE	Any prior illness or surgeries?
DHLPP (Booster)	_____	Feline Distemper	_____	_____
Rabies	_____	Feline Leukemia	_____	_____
Heartworm/Preventative	_____	Rabies	_____	_____
Bordetella	_____	Other Vacc.	_____	_____
Oher Vacc.	_____			

## PAYMENT POLICY

Full payment is required upon rendering of services. We do not carry charge accounts. Deposits are required for major medical/surgical cases.

We will provide you with a written statement of fees for any case where medical treatment is over \$50.00. We accept cash, checks, MasterCard, Discover and Visa Credit Cards.

I have read the above and understand that payment is due when services are rendered.

Signature of Pet Owner or Legal Representative \_\_\_\_\_

*Thank you for bringing your pet to our hospital. We hope you are pleased with our services and facilities and would appreciate if you would let us know how we might improve them.*