

## New Client Form

**Client Information:**

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_ Spouse phone \_\_\_\_\_

Preferred method of payment: ( ) Cash/Check ( ) Visa/MC/DV/Amex ( ) CareCredit

Referral: ( ) Drove By ( ) Yellow Pages ( ) Previous Client ( ) Internet ( ) Friend ( ) Shelter ( ) Other \_\_\_\_\_

New Puppy/Kitten/Pet: Where did you get your pet? \_\_\_\_\_

Patients:	Pet #1	Pet #2	Pet #3
Name			
Breed			
DOB/Age			
Color			
Sex: spayed/neutered?			
<b>Vaccination History - Dog</b>	Date given	Date given	Date given
Rabies			
DHLP-Parvo-Corona			
Kennel Cough			
Fecal/Dewormer			
Heartworm Test/Prevention			
<b>Vaccination History – Cat</b>	Date given	Date given	Date given
Rabies			
Dist-Rhino-Calici			
Feline Bordetella			
Leukemia Test – results			
Leukocell			
Fecal/Dewormer			

Any previous serious illness or surgery? \_\_\_\_\_

Any reactions to vaccinations or medications? \_\_\_\_\_

Special diet or medications? \_\_\_\_\_

Previous veterinarian's name, city and phone number (so that we can call for previous history)

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