



WELCOME TO OUR HOSPITAL



New Client Information

Owner _____ Spouse _____

Address _____

Street

City/State

Zip Code

Date of Birth _____ Driver's License # _____

For check writing privileges, please provide your Social Security # _____

Telephone Numbers:

Home _____ Cell _____

Spouse's Cell _____ Email Address _____

Would you prefer we send you email reminders OR postcard reminders for your pet(s)? _____

Work:

Company _____

Phone # _____ Best time to be reached: _____

Spouse's Work _____ Spouse's Work # _____

How many pets do you own? _____ What kind? Cats _____ Dogs _____ Other _____

Are all of your pet's patients here? Yes _____ No _____

If yes, what are their names? _____

If no, what veterinary clinic do they go to? _____

Did anyone refer you here? Yes _____ No _____ If yes, who? _____

Pet Information

Name _____ Age/Birthdate _____ Sex: Male _____ Female _____

Breed _____ Color _____ Neutered / Spayed (Circle One)

Previous Veterinarian _____ Where? _____

Medical History

Is your dog or cat on Heartworm prevention? Yes _____ No _____

Is your dog or cat on Flea Prevention? Yes _____ No _____

List any previous Medical Conditions or surgeries _____

Reason for today's visit _____

I am the legal owner or representative of the legal owner of the animal being presented for treatment. I am also fully responsible for the payment of the charges for the animal being seen today by a veterinarian. I am over the age of 18 years old.

Signature _____ Date _____