



New Client form

Mrs. \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

First name: \_\_\_\_\_ MI: \_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? Yellow Pages \_\_\_ Newspaper \_\_\_ Television \_\_\_ Hospital sign \_\_\_

Personal recommendation \_\_\_ (Whom can we thank?)

Other: \_\_\_\_\_

Method of payment today Payment is required at the time of service. For your convenience, we accept major credit cards including American Express, CareCredit, cash, or check (with a valid driver's license).

Please check one: Cash  Check  Debit/Credit  Cash  Care Credit

How much information do you want to be given about your pet's health?

- I want a full explanation—anything and everything.
- I want a brief explanation—just the important stuff.
- I just want to know if there's anything I need to do—keep it simple.

Consent You will be asked to sign a health plan confirming authorization of treatment after a tentative diagnosis. The details of treatment, the risks of treatment, and/or the risk of not treating will be explained to you.

Pet information Name: \_\_\_\_\_

Age/Birthday: \_\_\_\_\_ Species (cat, dog, etc.) \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Male

Female

Spayed/neutered? Yes  No

Does your pet have allergies? Yes  No

Has your pet ever had a reaction to vaccines or medications? Yes  No

If yes, what? \_\_\_\_\_

List any major surgeries your pet has had:

\_\_\_\_\_



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List any behavior problems we need to be aware of:

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List any foods and treats you give your pet:

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Please list any person(s) other than yourself authorized to act as agent for your pet(s) or receive information regarding your pet(s) health:

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Please list any other information you believe we should know about your pet(s):

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Do we have permission to contact your previous veterinarian to obtain records for your pet?

Yes  No

If No, please bring any records you have with you to your pet's first appointment.

If yes, please list your pet's previous veterinarian:

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