

New Client Information

Name _____ Spouse _____

Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Cell Phone# _____

Work Phone # _____ Email Address _____

Social Security # _____ Date of Birth _____

How would you prefer to be contacted for reminders/newsletters?

Email _____ OR Regular Mail _____

Driver's License # _____ Emergency Contact Person _____

How did you find out about our clinic? (check one)

Sign _____ Newspaper Ad _____ Yellow Pages _____ Drove by _____ Website _____

Personal recommendation (whom may we thank?) _____

Other _____

Patient Information

Patient #1 Name _____ Species: Canine OR Feline

Breed _____ Color _____ Age _____

Sex _____ Neutered/Spayed _____ Declawed _____

Last Vaccination Date _____ At _____

Patient #2 Name _____ Species: Canine OR Feline

Breed _____ Color _____ Age _____

Sex _____ Neutered/Spayed _____ Declawed _____

Last Vaccination Date _____ At _____

Patient #3 Name _____ Species: Canine OR Feline

Breed _____ Color _____ Age _____

Sex _____ Neutered/Spayed _____ Declawed _____

Last Vaccination Date _____ At _____

Do you prefer being present for exams? Yes _____ No _____
Injections/vaccinations? Yes _____ No _____

What type of heartworm prevention and flea control is your pet currently receiving monthly?

Does your pet have any fears/phobias/aggressive tendencies we should know about? Yes _____ No _____
If yes, please explain:

What phone number do you prefer to be reached at for follow-up calls and for reminders? _____
Is there a specific time of the day you would like to receive these calls?

Do you have a preferred appointment time or day of the week?

What is your pet's preferred pet food? _____

Where does your pet fit into the family hierarchy?

Do you have children? Yes _____ No _____ If yes, what are their names/ages and do any have a special interest in becoming a veterinarian or working with animals in some capacity in the future?

What else special should we know about your pet(s) or yourself in order to better serve you and to make your visit as pleasant as possible?

We accept the following forms of payment. Which do you prefer?

Cash _____ Check _____ Credit Card _____ Care Credit _____

It is our policy that all payments are due at the time of the service with no exceptions. By signing below, you acknowledge that all bills will be paid in full at each visit and you are aware of our policies regarding payment .

Signed: _____ Date: _____