

Krum Veterinary Hospital NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pets!!

DATE: _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Spouse Cell Phone _____ Email address _____

Work Phone _____ Place of Employment _____

Date of Birth _____ Driver's License# w/state _____

How did you become aware of our Clinic? Please CIRCLE all that apply

New Resident Letter Website Yellow Pages Mailer coupon Sign/Location Newspaper Ad

Personal Recommendation, (Whom may we thank for telling you about our hospital?) _____

FAMILY PETS!

Patient #1 _____ (name) Species? Dog or Cat Breed: _____

Color _____ Age _____ Sex _____ IS Neutered / spayed Last Vaccination DATE: _____

Hospital and Dr. Where vaccines were last give _____ Do you have records? _____

Any major medical issues current or prior? _____

Patient #2 _____ (name) Species? Dog or Cat Breed: _____

Color _____ Age _____ Sex _____ IS Neutered / spayed Last Vaccination DATE: _____

Hospital and Dr. Where vaccines were last give _____ Do you have records? _____

Any major medical issues current or prior? _____

Have your pets had:

Any Allergies to vaccinations or medications? _____

Is your pet/s on any special diet or medications? _____

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

We accept the following forms of payment. Which do your 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: _____