

# Animal Hospital New Client Form

Date \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

(Last)

(First)

(M.I)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ (emergency ph #) \_\_\_\_\_

Place of employment \_\_\_\_\_ How long? \_\_\_\_\_

Email Address \_\_\_\_\_ **(FOR VACCINATION REMINDERS)**

**Animal's Name** \_\_\_\_\_ Dog/ Cat/ Other \_\_\_\_\_

Breed \_\_\_\_\_ Sex: M/F Sexually altered (Spayed or Neuter)? Yes / No

Color \_\_\_\_\_ Birth date or Age \_\_\_\_\_ Weight \_\_\_\_\_

Date of last vaccinations & where were they given \_\_\_\_\_

Allergic to any medications? Yes / No If yes, what? \_\_\_\_\_

Currently taking any medications? Yes / No If so, please list: \_\_\_\_\_

Please Circle: **Pet lives:** indoor or outdoor **On Flea Prevention:** Yes No

**On Heartworm Prevention:** Yes No

How did you find out about the Animal Hospital?

Yellow pages White pages Newspaper Ad Our Sign

Friend \_\_\_\_\_ Other \_\_\_\_\_

Payment Choice: Cash / Check / Bank Card / Care Credit

**A deposit is required for certain procedures/drop offs.**