

# All Pets - New Client Form

Date \_\_\_\_\_

Your Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

Your Employer \_\_\_\_\_ Phone \_\_\_\_\_ May we contact you there? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Must give DL # to write checks

Spouse Employer \_\_\_\_\_ Phone \_\_\_\_\_ May we contact you there? \_\_\_\_\_

E-mail address for newsletters or reminders: \_\_\_\_\_ (optional  
and it will *absolutely* not be sold or shared)

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How did you hear about us?

\_\_\_\_\_ Client                      Client whom we may thank \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

## **PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED**

I understand that if I do not pay this account as agreed, the account is subject to costs of collection, attorney fees, and including interest (any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum). Return check fee is \$30. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

	Pet #1	Pet #2	Pet #3
NAME?			

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<b>BREED?</b>			
<b>COLOR?</b>			
<b>Date of Birth or Approximate Age?</b>			
<b>Male or Female? Neutered or spayed?</b>			
<b>Name of Last Veterinarian?</b>			
<b>Date of last Canine DHLPP Vaccination?</b>			
<b>Date of last Rabies Vaccination?</b>			
<b>Date of last Kennel Cough Vaccination?</b>			
<b>Date of last Lymes vaccination?</b>			
<b>Date of last Heartworm Test? Test Result?</b>			
<b>Date of last Feline FVRCP Vaccination?</b>			
<b>Date of Feline Leukemia/FIV Test? Result?</b>			
<b>Date of last Feline Leukemia Vaccination?</b>			
<b>Date of last Stool Check?</b>			

**Does your pet have any allergies to medications or other substances?** \_\_\_\_\_

**Is your pet currently on any medications?** \_\_\_\_\_

**Has your pet had or been treated for any major medical problems?** \_\_\_\_\_

**Does your pet have any behavior problems?** \_\_\_\_\_

**What brand does your pet eat and is it dry or soft food?** \_\_\_\_\_

**How often do you feed your pet?** \_\_\_\_\_

**How much in kitchen cups do you feed at one time?** \_\_\_\_\_