 Animal Care Clinic

NEW CLIENT/PATIENT FORM

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT INFORMATION** (this person will be financially responsible for this account. **Elective services, such as vaccinations, spays, neuters, declaws, etc. must be paid for at the time those services are completed. There is a monthly billing and finance charge for balances on your account.**)

Owner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_ Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell home)

Other Phone Numbers, if desired:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell home work)

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ (cell home work)

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell home work)

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

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET INFORMATION** (see page 2 for multiple pets)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog/Cat Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Spayed/Neutered DOB/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most Current Vaccination History:

 (please list dates and where the vaccinations were given)

Canine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distemper combo

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bordetella

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartworm test

Feline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distemper combo

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia/FIV test

\*I understand that payment for services is expected at the time services are rendered unless prior arrangements have been made between myself and the clinic staff.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(see other side for additional pets)

**Additional Pets:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog/Cat Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Spayed/Neutered DOB/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most Current Vaccination History:

 (please list dates and where the vaccinations were given)

Canine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distemper combo

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bordetella

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartworm test

Feline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distemper combo

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia/FIV test

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog/Cat Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_ Spayed/Neutered DOB/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most Current Vaccination History:

 (please list dates and where the vaccinations were given)

Canine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distemper combo

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bordetella

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartworm test

Feline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distemper combo

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia/FIV test