



NEW CLIENT & PATIENT INFORMATION SHEET

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in the form completely.

CLIENT INFORMATION

Date _____
First Name _____ Last Name _____
Spouse's name _____
Address _____ City _____ State _____ Zip _____
Home Phone(_____) _____ Work Phone (_____) _____ ext. _____
Cell(_____) _____ Email Address _____
Drivers License # _____ Employer _____

PATIENT INFORMATION

Pet's Name _____ Sex: [] Male [] Female Neutered/Spayed? [] Yes [] No
Species: [] Dog [] Cat [] Other _____
Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed _____ Color _____
Does your pet have any allergies, special medications, or health problems we should know about? [] Yes [] No
If yes, please explain _____
What type of food does your pet eat? _____ Treats _____
Where were the most recent vaccinations given? _____
Who was your previous veterinarian? _____ Phone (_____) _____
Is your pet (dogs & cats) on heartworm preventative? [] Yes [] No What type? _____
Is your pet (dogs & cats) on flea/tick preventative? [] Yes [] No What type? _____

How did you become aware of our hospital?

[] Referred by a friend. Whom may we thank? _____
[] Drove by [] Previous client [] Our Website [] Yellow Pages

I hereby authorize the veterinarian to examine, prescribe for, and treat the above described pet(s) and to provide vaccines and parasite control as needed. I assume responsibility for all charges incurred in the care of this animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signed _____

Date _____