



New Client/Patient Form

Date _____

Owner's Name: (First) _____ (Last) _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone#: _____ Secondary Phone#: _____

Work Phone #: _____ E-mail address: _____

Spouse/Co-Owner Name: (First) _____ (Last) _____

Primary Phone#: _____ Secondary Phone#: _____

How did you hear about us? _____

Referred by: (We would like to thank them!) _____

Please note that all information is confidential and will not be shared with outside sources.

Pet Information:

Pet's Name _____

Birth Date _____

Species: CAT DOG

Breed: _____ Color: _____

Female: Spayed YES NO

Male: Neutered YES NO

If cat, is your cat: STRICTLY INDOOR or INDOOR/OUTDOOR

Are there other pets in your household? YES NO

If yes, please indicate quantity below:

Dogs: _____ Cats: _____

Others (Please specify): _____

Medical Conditions:

(Allergies, drug reactions, heart conditions, etc.)

Vaccination History:

Has your pet been seen by a veterinarian in the past year?

YES NO

Diet:

Dry Brand _____

Canned Brand _____

Heartworm Preventative:

Is your pet currently taking heartworm preventative?

YES NO

Year Round? YES NO

Brand _____

Flea & Tick Protection:

Do you routinely use flea & tick protection on your pet?

YES NO

Please circle: Topical Oral Collar

Microchip:

Does your pet have a microchip? YES NO

Previous Medical Records:

Name of Hospital. May we contact them? YES NO