

My Pet's Vet - New Client Form

Date _____

Your Name _____ Spouse's Name _____

Address _____ City _____ St. _____ Zip _____

Home Phone _____ Cell Phone _____ Pager _____

Your Employer _____ Phone _____ May we contact you there? _____

Your Social Security Number _____ Driver's License Number _____

Spouse Employer _____ Phone _____ May we contact you there? _____

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

How did you hear about us?

_____ Yellow Pages

_____ Internet

_____ Hospital Sign

_____ Veterinary Practice Veterinary Practice Name _____

_____ Client Client whom we may thank _____

_____ Other _____

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED

Type of Payment _____ Cash/Check _____ Credit Card

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 \$20. 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 _____

Our pet is: _____ Family Member _____ Child's Pet _____ Backyard Pet (or indoor-outdoor cat)

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	Pet #1	Pet #2	Pet #3
NAME?			
BREED?			
COLOR?			
Date of Birth or Approximate Age?			
Male or Female? Neutered or spayed?			
Name of Last Veterinarian?			
Date of last Canine DHLPP Vaccination?			
Date of last Rabies Vaccination?			
Date of last Kennel Cough Vaccination?			
Date of last Lymes vaccination?			
Date of last Heartworm Test? Test Result?			
Date of last Feline FVRCP Vaccination?			
Date of Feline Leukemia/FIV Test? Result?			
Date of last Feline Leukemia Vaccination?			
Date of last Stool Check?			

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? _____