

NEW CLIENT/PATIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Additional Phone _____ E-mail Address _____

Place of Employment _____ D.O.B. _____ TXDL # _____

How did you find us? Drive by Yellow pages Previous Client Internet

Personal Recommendation (Whom may we thank?) _____

Signature _____

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex: Spayed or Neutered?			
MALE OR FEMALE			
Your Dog's Vaccination History:			
Rabies			
DHP Parvo			
Bordetella			
Fecal Analysis			
Heartworm Test/Prevention?			
Lepto			
Your Cat's Vaccination History:			
Rabies			
Distemper-Rhino Calici			
Leukemia Test			
Leukemia Vaccine			
Fecal Analysis			

Our Pet(s) is: Member of our family Child's pet Backyard pet

Any previous serious illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

If contacted by another veterinarian, do we have permission to release your information? _____

All Fees Are Due At the Time Services Are Rendered. We Accept: Cash/Check, Visa, MasterCard, Discover, American Express, and Care Credit. Should you not handle your account in a timely fashion a 6% finance charge will be incurred monthly and or a collection fee if applicable.