



Date _____

Owner's Name _____

Address _____ City/St/Zip _____

Phone Number _____ Business Phone _____

Cellular Phone _____

Email Address (used only for appointment and vaccine reminders) _____

Referred by: Other Client _____

Internet (Please list web site) _____

Phone Book (Please list with book) _____

Magazine or Newspaper (please list) _____

Walk By _____

Other (please list) _____

Co-Owner's name _____ Contact Number _____

Are you a member of the military/police/fire department? Yes No

We require that full payment be made at the time veterinary services are provided. We do not bill and will not accept personal checks from new clients. To become an established client, 3 or more paid office visits are required.

A Client/Patient who has missed more than half of their scheduled appointment will have to wait and be seen as a work-in appointment for an additional fee. There is no guarantee that you will see the same veterinarian that your appointment was scheduled with.

I have read the above paragraph _____

Signature

Please list your pets, including those not here today:

Pet #1

Name _____ Dog/Cat _____ DOB _____

Breed _____ Description/Color _____

Male Female Male Neutered Female Spayed Tattoo/Microchip Number _____

*Cats: Indoor Outdoor Declawed: Yes No Service/Guide Pet: Yes No

Pet #2

Name _____ Dog/Cat _____ DOB _____

Breed _____ Description/Color _____

Male Female Male Neutered Female Spayed Tattoo/Microchip Number _____

*Cats: Indoor Outdoor Declawed: Yes No Service/Guide Pet: Yes No

Pet #2

Name _____ Dog/Cat _____ DOB _____

Breed _____ Description/Color _____

Male Female Male Neutered Female Spayed Tattoo/Microchip Number _____

*Cats: Indoor Outdoor Declawed: Yes No Service/Guide Pet: Yes No

Name of Clinic or Hospital where previous records can be obtained _____

Can we put your pet's photo on our facebook page with other new patient's photos (no names will be listed)? Yes ___ No ___



New Client Questionnaire

Is the patient a new adoption? Yes No

If yes, when was he/she adopted? _____

If no, how long have you had them? _____

Does your pet have any medical problem (other than the reason for your visit today)?

Yes No If yes, please explain _____

Is your pet on any medication (including heartworm prevention, flea and tick prevention, and over-the-counter supplements)? Yes No If yes, please list below:

I would like to talk to the veterinarian about:

Pet insurance Microchipping Spay/neuter Training

Heartworm disease Flea/Tick prevention Home dental care

International travel Domestic travel

Specific health problem _____