



254 BAY RD.
 QUEENSBURY, NEW YORK 12804
 518-796-0023

NEW CLIENT 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/Co-Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse/Co-Owner's Phone _____

Place of Employment _____ Best Time to Reach You _____

E-Mail Address _____

All Fees Are Due At the Time Services Are Rendered

Please indicate choice of payment. Cash / Check Visa MasterCard

How did you become aware of our clinic? Drove by__ Social media__ Web Site__ Client__ Other _____

Name of Previous Veterinarian: _____

Personal Recommendation (*Whom may we thank?*) _____

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX; SPAYED OR NEUTERED?			
YOUR DOG'S VACCINATION HISTORY:			
RABIES			
DHLP PARVO (distemper-parvo)			
BORDETELLA (kennel cough)			
LYME			
LEPTOSPIROSIS			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/prevention			

YOUR CAT'S VACCINATION HISTORY:

RABIES			
DIST-RHINO CHLAMYDIA (FVRCP)			
LEUKEMIA vaccine			
LEUKEMIA/Feline AIDS(FIV)test			
FECAL (STOOL SAMPLE)			

If more space is needed for pet information, please continue at bottom of page.

Our pet(s) is: Indoor Only Outdoor Only Equally Indoor/Outdoor A Child's Pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment to your pet? Yes No