



New Client Form

Client: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Work/ Cell: _____

Emergency Contact: _____ Spouse Phone: _____

Employer: _____ Spouse Employer: _____

Email: _____ Previous Veterinarian: _____

Payment is due at time of service. How do you plan on paying for your services today? Check Credit Card Cash Care Credit

Animals	Pet 1	Pet 2	Pet 3
Name			
Canine or Feline?			
Breed			
Sex			
Color			
Spayed/Neutered			
Birthday			

Vaccinations	Pet 1	Pet 2	Pet 3
Rabies			
DHLPP			
Bordetella			
Heartworm Test			
Fecal			
FERC			
FELV			
Leukemia Test			
Flea Treatment			
Other			

DUE TO STATE LAW AND INSURANCE REQUIREMENTS ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATIONS

Client Signature: _____ Date: _____

To continue to keep clinic costs low, we want to make sure we are advertising effectively. Please tell us how you heard of our clinic!
Thank you for your feedback. We look forward to providing you and your pet with quality service!