



Animal Care Clinic

NEW CLIENT/PATIENT FORM

Date: _____

CLIENT INFORMATION (this person will be financially responsible for this account. **Elective services, such as vaccinations, spays, neuters, declaws, etc. must be paid for the at the time those services are completed. There is a monthly billing and finance charge for balances on your account.**)

Owner's name: _____ Spouse: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Primary Phone: _____ (cell home)

Other Phone Numbers, if desired:

Name: _____ Number: _____ (cell home work)

Name: _____ Number: _____ (cell home work)

Name: _____ Number: _____ (cell home work)

Email: _____

PET INFORMATION (see page 2 for multiple pets)

Name: _____ Dog/Cat Breed: _____

Color: _____ Sex: _____ Spayed/Neutered DOB/Age: _____

Most Current Vaccination History:
(please list dates and where the vaccinations were given)

<u>Canine</u>	_____	Rabies
	_____	Distemper combo
	_____	Bordetella
	_____	Heartworm test

<u>Feline</u>	_____	Rabies
	_____	Distemper combo
	_____	Leukemia
	_____	Leukemia/FIV test

*I understand that payment for services is expected at the time services are rendered, unless prior arrangements have been made between myself and the clinic staff.

Signature: _____

Additional Pets:

Name: _____ Dog/Cat Breed: _____

Color: _____ Sex: _____ Spayed/Neutered DOB/Age: _____

Most Current Vaccination History:
(please list dates and where the vaccinations were given)

Canine _____ Rabies
_____ Distemper combo
_____ Bordetella
_____ Heartworm test

Feline _____ Rabies
_____ Distemper combo
_____ Leukemia
_____ Leukemia/FIV test

Name: _____ Dog/Cat Breed: _____

Color: _____ Sex: _____ Spayed/Neutered DOB/Age: _____

Most Current Vaccination History:
(please list dates and where the vaccinations were given)

Canine _____ Rabies
_____ Distemper combo
_____ Bordetella
_____ Heartworm test

Feline _____ Rabies
_____ Distemper combo
_____ Leukemia
_____ Leukemia/FIV test