



Date_____

Owner's Name_____ Email Address _____

Address_____ City/St/Zip_____

Phone Number_____ Business Phone_____

Cellular Phone_____

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.

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_____

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

Pet #2

Name_____ Dog/Cat DOB_____

Breed_____ Description/Color_____

Male Female Male Neutered Female Spayed Tattoo/Microchip Number_____

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

Pet #3

Name_____ Dog/Cat DOB_____

Breed_____ Description/Color_____

Male Female Male Neutered Female Spayed Tattoo/Microchip Number_____

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

Name of Clinic or Hospital where previous records can be obtained_____

Can we put your pet's photo on our Social media pages 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	_____		