



Date _____

Owner's Name _____ Email Address _____

Address _____ City/St/Zip _____

Phone Number _____ Business Phone _____

Cellular Phone _____

Referred by: Other Client (Please provide name) _____

Internet: Yelp Google Dupont Vet Clinic Website Facebook Other

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

Are you a teacher? 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

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

Pet insurance provider: _____

If you do not have pet insurance, would you like to sign up for a no commitment, 1-month trial with Trupanion? Yes No

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 _____

*Dogs: Has your dog been trained as a service animal under ADA regulations? 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 _____

*Dogs: Has your dog been trained as a service animal under ADA regulations? 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 _____

*Dogs: Has your dog been trained as a service animal under ADA regulations? Yes No

*Cats: Indoor Outdoor Declawed: Yes No



New Client Questionnaire

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

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	Grooming
International travel	Domestic travel		
Specific health problem	_____		