



Date _____

Owner's Name _____ Preferred pronouns _____

Email Address _____

Address _____ City/St/Zip _____

Primary Phone Number _____ Home Cell Business

Referred by: Other Client (Please provide name) _____

Yelp Google Dupont Vet Clinic Website Social Media Walk By Other _____

Co-Owner's name _____ Preferred pronouns _____

Contact Number _____

We offer a discount on all goods and services for the following listed below:

Members of the military/police/fire department (10%) Yes No

Are you a teacher (10%) Yes No

Senior or Disabled (15%) Yes No

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

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 Neutered/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 Neutered/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 Neutered/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 issues (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	Nutrition
Heartworm disease	Flea/Tick prevention	Dental care	Allergies	Geriatric Care
Weight Management	International travel	Domestic travel	Grooming	Feline Boarding
Specific health problem	_____			