

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your dog(s). So that we may become better acquainted, please complete the following:

OWNER INFORMATION Date: _____

Name: _____ Spouse's Name _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#(h) _____ Cell# _____ Spouse's Phone#(w) _____

Place of Employment _____ Best Time To Reach You: _____

Driver's Lic# _____ Social Security# _____ E-Mail Address _____

All fees are due at the time services are rendered.

Please indicate choice of payment: Cash/Check Visa MasterCard

How were you referred to our clinic: Drove By C'ville Herald Comm. Appeal Direct Mail
 Personal recommendation (Whom may we thank?) _____

PET(S) INFORMATION	DOG #1	DOG #2	DOG #3
Name			
Breed			
Date of Birth			
Color			
Sex: <input type="checkbox"/> Spayed or Neutered?			

Dog's Vaccination History:

Rabies			
DHLP Parvo Corona			
Bordetella			
INTRA TRAC II			
Fecal (Stool Sample)			
Heartworm Test/Prevention			

Our pet(s) is/are: Member of our family Child's pet Backyard pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment to your pet? Yes No