NEW CLIENT FORM

Please print this form, fill it out, and bring it to the hospital at the time of your appointment. This will save you a considerable amount of time when you arrive at the hospital for your appointment.

OWNER'S LAST NAME:_____ FIRST:_____

SPOUSE/OTHER:_____

STREET:_____ APT:_____

CITY and STATE:_____

ZIP: _____

HOME PHONE: (_____)_____ E-MAIL:_____

OCCUPATION:_____

EMPLOYER:_____

WORK PHONE: (_____)_____

How did you learn about our hospital?
____word of mouth ____sign ____yellow pages
____other_____

PET HEALTH HISTORY

PET'S NAME:_____

SPECIES: ____Dog ____Cat ____Rabbit ____Guinea pig
____Hamster ____Ferret ____Other_____

SEX: ____Male ____Neutered? ____Female ____Spayed?

Breed:_____ Color:_____

Birth Date: Month:_____Day:_____Year:_____

VACCINATION HISTORY: (date, type, where shots were obtained)

_____

_____

Has your pet been to a veterinarian before?_____

How was this experience for your pet?_____

_____

Are there previous records for your pet that we should obtain?_____

If so, from what doctor or hospital?_____

Please check any symptoms/problems that you have noticed about your pet.

____Behavior problems
____Bleeding gums
____Breathing problems
____Coughing
____Diarrhea
____Gagging
____Head shaking
____Lack of appetite
____Limping
____Loss of balance
____Scooting
____Scratching
____Seems depressed
____Sneezing
____Thirst and/or urination increase
____Vomiting
____Weakness
____Other_____

Pet's current medications:_____

_____

What do you feed your pet?_____

Are there any other pets in your household?_____

_____

____Do you travel with your pet? ____Do you board your pet?

Is your pet? ____indoors only ____outdoors only ____both

Do you have any particular health and/or behavior issues about which you would like advice?

_____

_____