

# 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?

\_\_\_\_\_  
\_\_\_\_\_