

# **NEW CLIENT INFORMATION**

*Please print this form, fill it out and bring it with you at the time of your appointment.*

Name:            Dr.                            Mr.                            Mrs.                            Ms.                            Miss

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\*Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

**All Professional fees are due upon completion of visit.**

We accept MasterCard, VISA, Cash and offer  
CareCredit Financing (6 months interest free)

## **PATIENT INFORMATION**

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(please circle)            Sex:    M            F                            Spayed            Neutered

Do you anticipate your pet being difficult to examine?            Y            N

Do you wish to be present when your pet is examined?            Y            N

Referring Veterinarian / Surgeon: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

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

continued on next page

Date of Injury / Surgery: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Special Diet / Medication: \_\_\_\_\_

\_\_\_\_\_

Previous Activity Level: \_\_\_\_\_

\_\_\_\_\_

History of Present Illness: \_\_\_\_\_

\_\_\_\_\_

Treatment since Illness / Surgery: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_