

New Client Form

Your name _____

Spouse's name _____

Address _____

City, State, Zip _____

Phone numbers (please list whose cell – yours/spouse's)

Home _____

Cell _____

Cell _____

Work _____

Email address _____

How did you hear about us?

Outdoor sign

Yellow pages

Web search

Referral from _____

Other _____

As a new client, I understand that I assume full responsibility for all services rendered and that payment is due at the time of discharge.

Signature _____ Date _____

Pet #1

Name _____

Breed _____

Color _____

Date of birth _____

Circle one: male female

Circle if applicable: neutered spayed

Vaccination status

Last distemper vaccination _____

Last rabies vaccination _____

Other vaccinations _____

Has your dog been tested for heartworm disease?

Yes No If yes, what year? _____

Health/history/medications

Please list any health problems or medications we should note in your pet's file:

Pet #2

Name _____

Breed _____

Color _____

Date of birth _____

Circle one: male female

Circle if applicable: neutered spayed

Vaccination status

Last distemper vaccination _____

Last rabies vaccination _____

Other vaccinations _____

Has your dog been tested for heartworm disease?

Yes No If yes, what year? _____

Health/history/medications

Please list any health problems or medications we should note in your pet's file: