

# Animal Medical Center - New Client Information

Thank you for giving us the opportunity to care for your pets. Please help us meet your needs better by taking a moment to complete this information sheet.

Date: \_\_\_\_\_ Email \_\_\_\_\_

Owner's name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Work ( ) \_\_\_\_\_ Employer \_\_\_\_\_

Which number can we reach you at between 9am and 5pm? \_\_\_\_\_

How did you first hear about our hospital?

\_\_\_\_ Individual; who may we thank? \_\_\_\_\_

\_\_\_\_ location \_\_\_\_ Yellow Pages \_\_\_\_ Other

Method of payment today \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit Card (Visa/MC/Discover) \_\_\_\_ Care Credit

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.  
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Pet's Name \_\_\_\_\_ Weight \_\_\_\_\_

Dog \_\_\_\_ Cat \_\_\_\_ Other \_\_\_\_ Breed \_\_\_\_\_

Male \_\_\_\_ Neutered \_\_\_\_

Female \_\_\_\_ Spayed \_\_\_\_

Color \_\_\_\_\_ Birthdate \_\_\_\_\_

Does your pet have any current or chronic health problems?

Is your pet on any medication / prescription diet? \_\_\_\_\_

Date of last vaccinations:

Canine	Feline
DHLPP-C (distemper-dog) _____	FDRC (distemper-cat) _____
Rabies (1 year / 3 year) _____	Rabies (1 year / 3 year) _____
Heartworm test _____	Leukemia test _____
Bordetella _____	Leukemia vaccine _____
Fecal exam _____	FIV Test _____
Lyme vaccine _____	Fecal exam _____

Appointment date \_\_\_\_\_ Time \_\_\_\_\_