

New Client Form

If you are a new client, please print and complete this form and bring it in to us before or at the time of your appointment to save time.
Thank you!

Your name _____

Spouse's name _____

Address _____

City, State, & Zip _____

Home phone _____

Work/cell phone _____

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
 Neutered Spayed

Vaccination status

Last distemper vaccination _____

Last rabies vaccination _____

Other vaccinations _____

Has your dog been tested for heartworm disease? ____ Year ____

Do you use heartworm preventative? _____

Health/history

Does your pet have (or has had) any health problems we should know about?

Is your pet currently on any medication?

Pet #2

Name _____

Breed _____

Color _____

Date of birth _____

Circle one: Male Female
 Neutered Spayed

Vaccination status

Last distemper vaccination _____

Last rabies vaccination _____

Other vaccinations _____

Has your dog been tested for heartworm disease? ____ Year ____

Do you use heartworm preventative? _____

Health/history

Does your pet have (or has had) any health problems we should know about?

Is your pet currently on any medication?