

**CANINE NEW CLIENT FORM**Name of OWNER (person financially responsible for pet):

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address: Street \_\_\_\_\_

Please circle the phone number you prefer \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

us to contact you: Home Phone \_\_\_\_\_ Cell phone, or other number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Spouse or****Significant-other:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Cell Phone \_\_\_\_\_

**If paying by check at any time:****Your check must be approved by TeleCheck: a national check/credit reporting service we subscribe to. TeleCheck requires a copy of the Drivers License of the person signing the check.****Returned check fee is \$25.**

Please circle choice of payment(s): Cash Personal Check Visa Master Card Discover Debit Card

**I understand the above payment policies, and that payment is required at the time that services are rendered. \*\*Please initial\*\* \_\_\_\_\_**

How did you become aware of our clinic? Circle: Location Yellow Pages (Color Ad?) Friend Internet

If referred, whom may we thank with a referral gift certificate? \_\_\_\_\_

**PATIENT INFORMATION:**

Dog's Name \_\_\_\_\_ Date-of-Birth or Approximate Age \_\_\_\_\_

Breed \_\_\_\_\_ How long have you had this dog? \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_ Spayed / Neutered ? Yes or No**YOUR DOG'S LAST VACCINATION DATES:**

Canine Distemper, Hepatitis, Parainfluenza, &amp; Parvovirus \_\_\_\_\_

Rabies Vaccination (1 year / 3 year) \_\_\_\_\_ Leptospirosis \_\_\_\_\_

Bordetella (Kennel Cough) \_\_\_\_\_ Lyme disease \_\_\_\_\_

Name of veterinarian or clinic where vaccines were last given \_\_\_\_\_

Last Fecal Test or Deworming \_\_\_\_\_ Last Heart Worm Test \_\_\_\_\_

Name of Heart Worm Preventative \_\_\_\_\_ Date last given \_\_\_\_\_

Name of Flea Preventative \_\_\_\_\_ Date last given \_\_\_\_\_

**Medical Records Release Waiver**

I agree to allow Eagle Creek Animal Clinic to release the contents of my pet's vaccine record to other pet professional agencies such as boarding and grooming facilities and pet trainers. I may at any time request, in writing, that my records not be released to non-veterinarians.

X \_\_\_\_\_ Date \_\_\_\_\_