

CANINE NEW CLIENT FORMName 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 Angie's List 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, & 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 _____

Name or type of dog food _____

Current Medications _____

Any health problems or dental procedures or surgeries? _____

Any reactions or allergies to vaccinations or medications? _____

Please tell us what other pets you have. _____