

**NEW CLIENT INFORMATION**

Thank you for giving us the opportunity to care for your pet(s). Please complete the following so we may become better acquainted.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Other Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_--\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_--\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_--\_\_\_\_

E-mail: \_\_\_\_\_ *\*We do not give out or sell e-mails.\**

**(The use of your e-mail is for important updates on hospital policies and medical information about your pet.)**

Drivers License Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**(In case your pet ever needs emergency care or controlled substances, we are required by law to have this on file.)**

Emergency Contact & Number (other than yourself): \_\_\_\_\_

How did you hear about our practice? \_\_\_\_\_

**Pet Information**

**Pet #1**

**Pet #2**

**Pet #3**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Sex (Spayed/Neuter): \_\_\_\_\_

**Canine Vaccine Dates**

DHPP: \_\_\_\_\_

Rabies: \_\_\_\_\_

Bordetella: \_\_\_\_\_

**Feline Vaccine Dates**

FVRCP: \_\_\_\_\_

FelV: \_\_\_\_\_

Rabies: \_\_\_\_\_

Are your pets microchipped? \_\_\_\_\_ **(It is our hospital policy to scan all pets for microchips)**

Do your pets have any existing medical conditions? \_\_\_\_\_

Are your pets on any special diets or medications? \_\_\_\_\_

Are your pets allergic to vaccinations or medications? \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_