

LOVE TREE ANIMAL HOSPITAL

NEW CLIENT FORM

Thank you for giving our clinic the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

OWNER INFORMATION

Name: _____ Spouse's Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work #: _____ Spouse's Work #: _____

Place of Employment: _____ DriversLicense #: _____

E-Mail: _____ Birth Date: _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of payment: Cash/check Credit card (Visa, MC, AMX, Disc.)

How did you become aware of our clinic? Drove by Yellow Pages Previous client

Newspaper ad Flyer in mail

Personal recommendation (whom may we thank?): _____

PET INFORMATION		▼ PET #1 ▼	▼ PET #2 ▼	▼ PET #3 ▼
Name				
Breed				
Date of birth				
Color				
Sex				
Spayed or neutered?				
Previous veterinarian				
Vaccination history		Dates	Dates	Dates
Dog	Rabies			
	DHLP/parvo/corona			
	Bordetella			
	Fecal (stool sample)			
	Heartworm test/prevention			
Cat	Rabies			
	Distemper/rhino			
	Leukemia test			
	Leukemia vaccine			
	Fecal (stool sample)			
	Heartworm test/prevention			

Our pet(s) is/are: Member of our family Child's pet Backyard pet

Any previous serious illness or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any specific diet or medication? _____