

Acct: #

Date:

Cpn:

Initial Visit \$:

Advanced Care Pet Hospital

New Client Information Form

Welcome to Advanced Care Pet Hospital! Our staff is dedicated to providing the utmost patient care and will do what we can to make your visit comfortable and beneficial. Please feel free to ask any questions regarding the treatment of your pet or policies of the clinic. To help us better serve you please provide us with the following information.

Owner's Name _____ Spouse/Other Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell () _____ Work Phone () _____
(if you wish to be contacted there)

Spouse's Cell Phone () _____ Spouse's work phone () _____
(if you wish to be contacted there)

Alternative Contact Name _____ Phone number () _____
(if we are unable to reach you)

Email address _____ would you prefer email reminders Yes/No

How did you hear about our clinic:

Yellow Pages/Location/Internet/Radio/Other (please specify) _____

Personal Recommendation (whom may we thank) _____

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Breed (DSH/Lab/etc.)			
Species (Cat/Dog/etc.)			
Color/Markings			
Sex (Please Circle)	Female/Male Spayed/Neutered	Female/Male Spayed/Neutered	Female/Male Spayed/Neutered
Date of Birth/Age			
Microchip type/number			
Date of last heartworm test/preventative			
Date of last vaccines			
Any previous illnesses/ injuries/seizures/surgeries			
Allergies to vaccines or medications			
Special Diet/ Medications			
Spends most of time Indoors/Outdoors/Both			
Previous Veterinarian/ phone number			