



NEW CLIENT REGISTRATION FORM

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

OWNER INFORMATION

DATE _____

Name _____ Spouse's Name _____

Address _____ City _____ Zip _____

Phone# _____ Work # _____ Spouse's # _____

Place of Employment _____ E-Mail Address _____

How did you become aware of our Clinic? Drove by Yellow Pages Previous Client Newspaper _____ Internet Other _____

Personal Recommendation (Whom may we thank?) _____

Table with 3 columns: PET INFORMATION, PET #1, PET #2. Rows include Name, Breed, Date of Birth, Color, Sex: Spayed/Neutered.

Does your pet(s) engage in any of the following activities? Hiking Camping Hunting
Is your pet exposed to wildlife? Yes No
Do you board or take your pet(s) to a groomer? Yes No If so, please indicate where and how often

Do you have a copy of your pet's records? Yes No If not, please indicate as to whom we may call to obtain a copy of your pet's records _____
Any previous serious illnesses or surgeries? _____
Any allergies to vaccinations or medications? _____
Is your pet on any special diets or medications? _____

(Doctor's Use Only)

Problem List:

Horizontal lines for problem list entry.

#1Vitals: T: _____ HR: _____ RR: _____ MM: _____ CRT: _____ WT: _____
#2Vitals: T: _____ HR: _____ RR: _____ MM: _____ CRT: _____ WT: _____