

Keith Manning, DVM  
 Director  
 Danielle Hammer, DVM  
 Shelby Freda, VMD  
 Mark Landesman, DVM



**NEW CLIENT FORM**

*Thank you for giving us the opportunity to care for your pet(s). In order to become acquainted, we ask that you please complete the following:*

**CLIENT INFORMATION** Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse/Co-owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Best Time to Reach You \_\_\_\_\_

Drivers License # \_\_\_\_\_ Social Security # \_\_\_\_\_ E-mail \_\_\_\_\_

**Please note: *All professional fees are due at the time services are rendered.***

Please indicate choice of payment:      Cash / Check      Visa      Mastercard  
 How did you become aware of our clinic?      Drove by      Yellow pages      Previous Client      Other \_\_\_\_\_

PET #1	PET #2	PET #3
NAME		
BREED		
DATE OF BIRTH		
COLOR		
SEX; SPAYED OR NEUTERED?		
<b>YOUR DOG'S VACCINATION HISTORY:</b>		
RABIES		
DHLP PARVO CORONA		
BORDETELLA		
INTRA TRAC II		
FECAL (STOOL SAMPLE)		
HEARTWORM TEST/PREVENTION?		
<b>YOUR CAT'S VACCINATION HISTORY:</b>		
RABIES		
DIST-RHINO CHLAMYDIA		
LEUKEMIA TEST		
LEUKOCELL		
FECAL (STOOL SAMPLE)		

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

*In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards. There will be a service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.*

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_