

New Client Form

OWNER INFORMATION

Date: _____

Name: _____ Spouse/Co-Owner: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone(s): Owner _____ Spouse/Co-Owner: _____

Place of Employment : Owner _____ Spouse/Co-Owner _____

E-mail Address _____

All fees are due at the time services are rendered. If you have adopted a pet from the CCHS the first examination is at no charge **only** if it is **within a week** of the adoption date.

Please indicate choice of payment: Cash Check Visa/Master Card/Discover

PATIENT

INFORMATION

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of birth			
Color			
Sex:			
Spayed or neutered?			
Allergies to vaccinations, medicines or food?			

MEDICAL HISTORY

	Date Given	Date Given	Date Given
Rabies vaccine	/ /	/ /	/ /
Distemper complex vaccine	/ /	/ /	/ /
Kennel cough (dogs) / Feline Leukemia vaccine (cats)	/ /	/ /	/ /
Stool sample	/ /	/ /	/ /
Heartworm test (dogs)	/ /	/ /	/ /

How did you become aware of our clinic? Drove by Yellow Pages Return Client Internet

Personal referral (Whom may we thank?) _____