



Village Animal Clinic

New Client/Patient Form

Please check one: New Client Current Client-New Patient

Date _____

How did you hear about our hospital?

- Drove by Yellow Pages Internet Other _____
- Personal recommendation (Whom may we thank?) _____

CLIENT INFORMATION

First Name _____ Last Name _____

Spouse's Name _____

or other person authorized to make decisions regarding your pets

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____

Place of Employment _____ Work Phone _____

Other contact numbers for yourself (cell phone , pager) _____

Spouse's Work Phone _____ Spouse's Cell Phone _____

Email Address _____

Driver's License # _____ (required if paying by check)

PERSON RESPONSIBLE FOR PAYMENT _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment Cash/check VISA/MasterCard/Discover Card/Debit card Care Credit

PATIENT INFORMATION

Pets Name _____

Species: Canine Feline Other _____

Breed _____

Date of Birth or age _____

Coat Color _____

Sex : Male Neutered: Yes No

Female Spayed: Yes No

Currently on Heartworm prevention? Yes No

Microchip Implanted? Yes No

Medical Records

Vaccination History: (indicate month/year your pet last received the following vaccinations)

Rabies _____

Canine Distemper/Parvo _____

Lepto _____

Bordetella _____

Lymes _____

Heartworm Test _____

Fecal _____

Feline Distemper _____

Feline Leukemia _____

FELV/FIV Blood Test _____

Chronic Conditions: _____

Name and phone # of hospital where they can be obtained