
VILLAGE ANIMAL CLINIC

New Client/Patient Forms

How Did You Hear About Our Clinic?

Date _____

- Drove By Yellow Pages Internet Search Our Website Other
 Personal Recommendation (We would like to thank them) _____

CLIENT INFORMATION

First Name _____ Last Name _____

Spouse/Significant Other Name _____

Or other person authorized to make decisions regarding your pets

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Primary Email Address _____ (for us to communicate with you)

Driver License # _____ (required if paying by check)

Person Responsible For Payment _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

PATIENT INFORMATION

Pets Name _____

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

Previous Clinic Name/Phone _____

Vaccination History (indicate month/year done)

Rabies _____

Canine Distemper/Parvo _____

Leptospirosis _____

Bordetella _____

Lymes _____

Heartworm Test _____

Fecal _____

Feline Distemper _____

FELV/FIV Blood Test _____

Allergies/Conditions _____

Other Pets in

Household: _____

VILLAGE ANIMAL CLINIC

MEDICAL RECORDS WAIVER

In accordance with the right to privacy regarding medical information of our patients please read and check one box regarding the release of any and all medical information pertaining to all of your pets, present and in the future

Please Only Check One Box

All medical information may be released to any individual or organization for all my pets registered on my account

Only vaccine history and heartworm/fecal testing may be released to any individual or organization for all my pets registered on my account. No other medical information shall be released

No medical information or any vaccination history shall be released to any individual or organization without my expressed written consent pertaining to all of my pets registered on my account.

Signature _____ Date _____

PLEASE READ AND ACCEPT OR DECLINE

Village Animal Clinic is authorized to post pictures of my pet(s) online via Facebook or the Village Animal Clinic website. Only your pets first name will be used.

Accept _____ (Signature)

Decline _____ (Signature)