

## NEW CLIENT 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:*

### CLIENT INFORMATION:

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_ e-mail address \_\_\_\_\_  
 How did you become aware of our clinic?  *drove by*  *yellow pages*  *internet*  
 *personal recommendation (who may we thank?)* \_\_\_\_\_

### PATIENT INFORMATION: *(vaccination status will be confirmed with previous veterinary service)*

	PET #1 Name _____	PET #2 Name _____	PET #3 Name _____
BREED			
DATE OF BIRTH			
COLOR/MARKINGS			
SEX SPAYED/NEUTERED?			

### YOUR DOG'S VACCINATION HISTORY:

RABIES			
DISTEMPER/PARVO			
BORDETELLA			
FECAL EXAM			
HEARTWOM TEST			

### YOUR CAT'S VACCINATION HISTORY:

RABIES			
FVRCP			
FELV			
FECAL EXAM			
FIV/FELV TEST			

Contact information for previous veterinary service \_\_\_\_\_  
 Previous serious illnesses or surgeries \_\_\_\_\_  
 Previous reactions to vaccinations or medications \_\_\_\_\_  
 Is your pet on any special diets or medications? \_\_\_\_\_

**All fees are due at the time services are rendered.**

*I specifically agree that Park Lane Veterinary Hospital, Inc. and it's authorized personnel shall be held free from liability for any damage to, escape, or destruction of the above described animal(s) provided that the hospital and its personnel shall exercise ordinary professional care in the treatment and care of the animal(s). I hereby agree to pay all cost of care, keep and treatment of the above described animal(s) upon demand of the same.*

Signature \_\_\_\_\_ Date \_\_\_\_\_