

HOSPITAL NEW CLIENTS FORM

Name: _____
First Last

Spouse's Name: _____
First Last

Address: _____
Street

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone:() _____ Cell Phone:() _____

Work Phone:() _____ Spouse's Phone() _____

Opt-in for Text Messaging:

Yes No

Place of Employment: _____

Best time to Reach you: _____

Please indicate choice of payment: (Circle One)

Cash/Check

Visa

Mastercard

Other: _____

All Fees Are Due At The Time Services Are Rendered

How did you become aware of our clinic?(Please check ALL that apply)

Drove By Yellow Pages Website Google/Yelp

Facebook Local Business Tri-Lakes Humane Society

Other: _____

Personal Referral: _____
(name)

Number of pets: _____

First Pet Name: _____

Second Pet Name: _____

Breed: _____

Breed: _____

Color: _____

Color: _____

Date of Birth: _____

Date of Birth: _____

Sex: _____

Sex: _____

Spayed or Neutered: Yes No

Spayed or Neutered: Yes No

Additional Pet's Name: _____

Breed: _____

Color: _____

Date of Birth: _____

Sex: _____

Spayed or Neutered: Yes No

Pet's Vaccination History

Pet's Name:

Second Pet's Name:

Additional Pet's Name:

Rabies:

(dd/mm/yy)

Rabies:

(dd/mm/yy)

Rabies:

(dd/mm/yy)

DHLP Parvo Corona:

(dd/mm/yy)

DHLP Parvo Corona:

(dd/mm/yy)

DHLP Parvo Corona:

(dd/mm/yy)

Bordetella:

(dd/mm/yy)

Bordetella:

(dd/mm/yy)

Bordetella:

(dd/mm/yy)

Fecal (Stool Sample):

(dd/mm/yy)

Fecal (Stool Sample):

(dd/mm/yy)

Fecal (Stool Sample):

(dd/mm/yy)

**Heartworm test
Prevention:**

(dd/mm/yy)

**Heartworm test
Prevention:**

(dd/mm/yy)

**Heartworm test
Prevention:**

(dd/mm/yy)

CAT'S VACCINATION HISTORY

Pet's Name:

Second Pet's Name

Additional Pet's Name

Rabies:

(dd/mm/yy)

Rabies:

(dd/mm/yy)

Rabies:

(dd/mm/yy)

FVRCPC:

(dd/mm/yy)

FVRCPC:

(dd/mm/yy)

FVRCPC:

(dd/mm/yy)

I assume financial responsibility for all charges incurred in the care of this animal. I understand that there will be billing and finance charges incurred on any balance left unpaid at Allphin Veterinary Clinic. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Client Signature: _____

Date: _____