



**NEW PATIENT & CLIENT INFORMATION SHEET**

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**CLIENT INFORMATION**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Spouse/Partner first name \_\_\_\_\_ Spouse/Partner last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ (home - work - cell) **CIRCLE ONE**

**\*Please indicate whose number this is:** \_\_\_\_\_

Secondary Phone # \_\_\_\_\_ (home - work - cell) **CIRCLE ONE**

**\*Please indicate whose number this is:** \_\_\_\_\_

Primary E-mail address: \_\_\_\_\_ (PLEASE NOTE WE CAN ONLY KEEP

**ONE EMAIL ADDRESS ON FILE SO PLEASE CHOOSE WHICH ONE IS CHECKED MOST OFTEN)**

How did you hear about us?  Yelp.com  Google Search  Shelter  Family/Friend \_\_\_\_\_  
(please let us know whom we may thank for referring you)

Have we seen any of your other pets?  Yes  No

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**PATIENT INFORMATION**

Pet's name: \_\_\_\_\_ Sex:  Male  Female **Neutered or spayed?**  Yes  No

Species:  Dog  Cat Weight \_\_\_\_\_

Pet's Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Does your pet have any allergies, take any special medications or have any health problems we should know about? YES/NO (CIRCLE ONE)

If yes, please explain: \_\_\_\_\_

Does your pet have any special needs or illnesses we should know about? YES/NO (CIRCLE ONE)

If yes, please explain: \_\_\_\_\_

**Dates of last vaccinations if not performed at this clinic:**

**Dogs:** Rabies: \_\_\_\_\_ DHPP (Distemper/Hepatitis/Parainfluenza/Parvo): \_\_\_\_\_

Bordetella: \_\_\_\_\_ Influenza: \_\_\_\_\_ Leptospirosis: \_\_\_\_\_

Heartworm test: \_\_\_\_\_ Is your dog on heartworm preventives?  Yes  No

**Cats:** Feline Rabies: \_\_\_\_\_ FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): \_\_\_\_\_

Feline leukemia: \_\_\_\_\_

Name of previous vet clinic? \_\_\_\_\_

Phone # if known: (\_\_\_\_) \_\_\_\_\_

**MAY WE HAVE PERMISSION TO TAKE PHOTOS OF YOUR PETS AND POST THEM ON SOCIAL MEDIA?**

Yes  No

