

# Caring Hands Animal Hospital

## NEW CLIENT FORM

Date \_\_\_\_\_



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Name \_\_\_\_\_ Spouse/Co-Owner's Name \_\_\_\_\_  
 Address, City, State, Zip \_\_\_\_\_  
 Phone/Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Spouse/Co-Owner's Work Phone \_\_\_\_\_  
 Place Of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

How did you become aware of our hospital?  Yelp  Google Plus  Foursquare  YP  City Search  Superpages  
 Facebook  Twitter  Instagram  Friend  TV what channel?  Drove by  
 Internet Search (How did you search us? [ \_\_\_\_\_ ] Other please specify [ \_\_\_\_\_ ])

All Fees Are Due At The Time Services Are Rendered- We accept the following payment options:  
 Cash  Visa  MasterCard  Discover  Care Credit (\*There will be a \$0.36 fee for all credit/debit transactions.)

\*Do we have permission to fax medical and/or financial information to your home or work upon request?  Yes / No   
 \*Do we have your permission to release your pets medical history to other veterinary hospitals upon request?  Yes / No

	PET # 1	PET # 2	PET # 3	PET # 4
NAME				
SEX; SPAYED/NEUTERED?				
SPECIES				
BREED				
COLOR				
DATE OF BIRTH or AGE				
WEIGHT				
RABIES TAG #				
MICROCHIP #				
ALERTS				
ALLERGIES				
Is your pet fully vaccinated?				

[\*We will need to see a copy of your pet's previous vaccine history and/or medical history for any follow up treatment needed; or you may provide the names of the previous veterinary clinics where your pet(s) were seen last so we may retrieve this information for you.]

\*May we take a picture of your pet to use as his/her patient profile picture? (You may also provide one if you prefer).  Yes  No  
 \*Any previous serious illnesses, seizures, or surgeries? \_\_\_\_\_  
 \*Any allergies to vaccinations or medications? \_\_\_\_\_  
 \*Is your pet on any special diets or medications? \_\_\_\_\_  
 \*Would you like to be present during treatment to your pet?  Yes  No

Owner Signature: \_\_\_\_\_ Co-owner Signature: \_\_\_\_\_