



# New Client Information

## Please Print

Date \_\_\_\_\_  
 Owner's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Owner's

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Work  
 Phone(\_\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_

### Spouse's

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Work  
 Phone(\_\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_  
 (If Military) Rank \_\_\_\_\_ P.C.S. \_\_\_\_\_ E.T.S. \_\_\_\_\_

**ALABAMA DRIVER LICENSE NUMBER** \_\_\_\_\_

### Pet Information:

### Circle One

Pet's Name \_\_\_\_\_ Canine/Feline/Other \_\_\_\_\_ Breed \_\_\_\_\_  
 Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_  
 Female \_\_\_ Spayed \_\_\_  
 Other Pet's: Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

### Medical History:

Please check if your pet has had the following preventative health care services within the last year:

CATS		DOGS	
___ FVCRP Vaccination	___ Physical Examination	___ Heartworm Test	
___ Rabies Vaccination	___ Distemper/Parvo Vaccination	___ Heartworm Prevention	
___ Leukemia Vaccination	___ Rabies Vaccination	___ Dental Exam/Cleaning	
___ Dental Exam/Cleaning	___ Bordetella	___ Daily Dental Hygiene	
___ Daily Pet Dentrifrice	___ Internal Parasite Exam(Fecal)		

### Where were vaccinations given? \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

Is your pet currently receiving any medication? \_\_\_ Yes \_\_\_ No What? \_\_\_\_\_  
 Does your pet have any known drug allergies? \_\_\_ Yes \_\_\_ No What? \_\_\_\_\_

**How did you become aware of our clinic?**

Reason for this visit

---

---

---