

# Animal Care Wellness Center



## 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**

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Driver's License # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**All Fees Are Due At The Time Services Are Rendered**

**Date Of Birth:** \_\_\_\_\_

Please indicate choice of payment.    € Cash / Check    € Visa    • MasterCard

How did you become aware of our clinic?    € Drove by    € Yellow Pages    € Previous Client    € Other \_\_\_\_\_

€ Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

	PET # 1	PET # 2	PET # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX:    Male / Female or Male Neutered / Female spay			
<b>YOUR DOG'S VACCINATION HISTORY:</b>			
DHLP PARVO CORONA			
DHP PARVO CORONA			
BORDETELLA			
RABIES			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
<b>YOUR CAT'S VACCINATION HISTORY:</b>			
FVRCP			
LEUKEMIA			
RABIES			
LEUKEMIA/FIV TEST			
FECAL (STOOL SAMPLE)			

Our pet(s) is:     Member of our family     Child's pet     Backyard pet

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_