

New Client Information

Welcome to Family Pet Center . Please help us provide your pet with the best care possible by completing the information on this form.

Today's Date: ____/____/____

What language do you prefer?

Mrs. ____ Mr. ____ Dr. ____ Ms. ____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Have you been to another hospital? yes ____ no ____ Where? _____ Do you have a current veterinarian outside of FPC? yes ____ no ____

Additional Contact 1:

First Name: _____ MI: ____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Home

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Authorized to treat pet? yes ____ no ____ Initial Here: _____

How did you hear about us?

Yellow Pages ____ Google ____ Television ____ Hospital Sign ____ Other ____ Friend ____

Method of Payment Today

For your convenience, at the time we perform services, we accept MasterCard, VISA, American Express, as well as cash or check (with a valid driver's license). Please check one: Cash ____ Check ____ Debit/Credit ____

FPC does not request or require personal information as a condition to payment by credit card, but card users may be required to provide proof of identity.

Pet Information

Please fill out for all of your pets!

Pet 1:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male _____ Female _____

Spayed/Neutered? yes _____ no _____

Does your pet bite? yes _____ no _____

Does your pet have allergies? yes _____ no _____

Has your pet ever had a reaction to vaccines or medications? yes _____ no _____ If yes, what? _____

Pet 2:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male _____ Female _____

Spayed/Neutered? yes _____ no _____

Does your pet bite? yes _____ no _____

Does your pet have allergies? yes _____ no _____

Has your pet ever had a reaction to vaccines or medications? yes _____ no _____ If yes, what? _____

Pet 3:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male _____ Female _____

Spayed/Neutered? yes _____ no _____

Does your pet bite? yes _____ no _____

Does your pet have allergies? yes _____ no _____

Has your pet ever had a reaction to vaccines or medications? yes _____ no _____ If yes, what? _____

Pet 4:

Name: _____ Age/Birthday: _____

Species (cat, dog, etc.) _____ Breed _____

Color _____ Weight _____ Male _____ Female _____

Spayed/Neutered? yes _____ no _____

Does your pet bite? yes _____ no _____

Does your pet have allergies? yes _____ no _____

Has your pet ever had a reaction to vaccines or medications? yes _____ no _____ If yes, what? _____