

**North Shore Animal Hospital**  
**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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Best time to Reach You \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

Please indicate your choice of payment.    \*Cash/ Check    \*Visa    \*MasterCard    \*Discover Card  
**Any outstanding account that goes to collection will be charged 100% for the collection fee!**

How did you hear about our clinic?    \*Drove By    \*Yellow Pages    \*Internet  
 \*Personal Recommendation \_\_\_\_\_

**Pet Information:**

	Pet # 1	Pet # 2	Pet # 3
Name			
Date of Birth			
Breed			
Color			
Sex/Spayed/Neutered			

**Dogs Vaccine History (Please provide the date given/ Tested):**

Rabies			
Distemper/ Parvo			
Bordetella			
Leptospirosis			
Heartworm Test			

**Cats Vaccine History (Please provide the date given/ Tested)**

Rabies			
Feline Distemper (FVRCP)			
Leukemia			

Any previous serious illnesses or surgeries? \_\_\_\_\_  
 Any allergies to vaccinations or medications? \_\_\_\_\_  
 Is your pet(s) on any special diets or medications? \_\_\_\_\_

Signature: \_\_\_\_\_