

## New Client Form

### OWNER INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone(s): Owner \_\_\_\_\_ Spouse/Co-Owner: \_\_\_\_\_

Place of Employment : Owner \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_

E-mail Address \_\_\_\_\_

**All fees are due at the time services are rendered.** If you have adopted a pet from the CCHS the first examination is at no charge **only** if it is **within a week** of the adoption date.

Please indicate choice of payment:            Cash                      Check                      Visa/Master Card/Discover

### PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of birth			
Color			
Sex:			
Spayed or neutered?			
Allergies to vaccinations, medicines or food?			

### MEDICAL HISTORY

	Date Given	Date Given	Date Given
Rabies vaccine			
Distemper complex vaccine			
Kennel cough (dogs) / Feline Leukemia vaccine (cats)			
Stool sample			
Heartworm test (dogs)			

How did you become aware of our clinic?    Drove by                      Billboard                      Return Client                      Internet

Personal referral (Whom may we thank?) \_\_\_\_\_