

New Client/Pet Form

Pet Owner 's Name* _____
Address* _____ City* _____ State _____ Zip _____
Home Phone* _____ Cell Phone* _____ Work Phone _____
Drivers License #* _____ Email Address* _____
Spouse or Co-Owner _____ Work Phone _____
Are there children in the home? Yes No Ages of children living at home: _____
How did you hear about us? () Yellow Pages () Website () Saw Sign () Truck () Employee
Referred by (We would like to thank them.) _____

* Required

Pet Information

Are there other pets in your household? YES NO
If yes, please indicate quantity below:
Dogs ____ Cats ____ Birds ____ Reptiles ____ Ferrets ____
Other (Please specify) _____

Pet's Name _____
Birth Date or Age _____
Breed _____ Color _____
Female Spayed YES NO
Male Neutered YES NO

Medical Conditions/Medications/Surgery
(allergies, drug reactions, heart conditions, etc.)

Medical Records*

Name of hospital where they can be obtained

Heartworm Preventative

Is your pet currently taking heartworm preventative?

YES NO

Brand: Interceptor Heartgard Iverheart Sentinal Revolution
Triheart Plus K9 Advantage Multi Proheart

Have you missed 1 or more months in the last 6 months?

Yes No When? _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? YES NO

Dental Care

Do you brush your pet's teeth? YES NO

Date of last dental cleaning? _____

Do you give Bones/treats for tartar control? Yes No

What Kind? _____

Microchip Yes No *Would you like to protect your pet for \$20*

Identification # _____

Dog

Distemper Combo

Rabies 1 or 3 year

Bordetella _____

Fecal Check _____

Heartworm Test

Lyme or Giardia

Cat

Distemper Combo

Leukemia

Fecal Check

FELV/FIV Test

Indoor, Outdoor or Both

I understand and agree that it is the policy of Mitchell Mill Animal Hospital to receive payment when services are rendered and that a deposit may be required upon admission to the hospital for treatment. I give the hospital permission to use my pets' image on their website, promotion material, Facebook page or as they see fit. I further give permission to contact me via email.

Signature _____ **Date:** _____