

Spalding Animal Clinic

New Client Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

Would you like to receive text reminders for appointments? YES NO

How did you hear about us? Newspaper ____ Television ____ Hospital Sign ____ Radio ____

Personal Recommendation ____ (Whom can we thank? _____)

Other _____

Pet History:

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? _____

Vaccination History (Date and type of last vaccinations) _____

Please check any symptoms or problems that you have noticed about your pet.

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Lack of Appetite | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Bleeding Gums | <input type="checkbox"/> Limping | <input type="checkbox"/> Thirst and/or |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Loss of Balance | Urination Increased |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Scooting | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Eye Bulging or | <input type="checkbox"/> Seems Depressed | <input type="checkbox"/> Other |
| Bloodshot | <input type="checkbox"/> Shaking Head | _____ |
| <input type="checkbox"/> Gagging | | |

Pet's current medications _____

Describe your pet's diet _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

_____ My pet's picture may be used on social media accounts of Spalding Animal Clinic

Signature of Owner _____ Date: _____

Method of Payment Cash Check MasterCard Visa Other _____