

Lincoln Veterinary Clinic

For Office Use Only
 Client ID # _____
 Initials _____

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

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Phone #: (____) _____
 Cell Phone #: (____) _____ Place of Employment: _____ Work #: (____) _____
 DOB: _____ Driver's License #: _____ Email Address: _____
 Spouse/Co-Owner: _____ Spouse/Co-Owner Work #: (____) _____
 Spouse/Co-Owner's Cell Phone #: (____) _____ Spouse/Co-Owner's DL #: _____

How did you hear about us? Yellow Pages Website Veterinarian Friend/Relative

Their Name: _____ Address: _____ Phone #: (____) _____

In case of an emergency with your pet, whom should we contact if you are unavailable:

Name: _____ Relationship: _____ Phone #: (____) _____

Pet Information

	Pet #1		Pet #2		Pet #3	
Name						
Sex	Male	Female	Male	Female	Male	Female
Birthday/Estimated Age						
Species	K9 Feline Avian Other:		K9 Feline Avian Other:		K9 Feline Avian Other:	
Breed						
Color						
Spayed/Neutered	Yes	No	Yes	No	Yes	No
<u>Vaccination History</u>						
Rabies						
Distemper/Parvo						
Bordetella						
Feline FVRCP						
Feline Leukemia						
FIV						

Payment Information

Payment is due when services are rendered. We accept Cash, Check, Debit Cards, Visa, Mastercard, and Discover.

Please Sign: Everything I have stated in this application is correct. By signing, I accept responsibility for payment of all services rendered for my pet(s).

Signature: _____ **Date:** _____