

NEW CLIENT FORM

Thank you for giving me the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION:

Date: _____

Name: _____ Spouse/Partner's Name: _____

Address: _____ City: _____ State _____ Zip _____

Telephone _____ Work Phone _____ Cell Phone _____

Place of Employment _____

Spouse/Partner's Work Phone _____ Cell Phone _____

Place of Employment _____

How did you become aware of our practice? _____ Yellow Pages _____ Newspaper _____ Person

E-mail address _____

PATIENT INFORMATION:

	PET #1	PET #2	PET #3
NAME OF YOUR PET(S)			
BREED OF YOUR PET(S)			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED OR NEUTERED?			
VACCINATION HISTORY – DOG			
RABIES			
DISTEMPER-PARVO (DHPP)			
BORDETELLA (KENNEL COUGH)			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			
VACCINATION HISTORY – CAT			
RABIES			
FELINE DISTEMPER/URI (FVRCP)			
LEUKEMIA VACCINE			
FECAL (STOOL SAMPLE)			
FELV/FIV TEST?			

Any previous illnesses or surgeries? _____

Is your pet on any medications? _____

What is your pet's diet? _____

I HEREBY ACKNOWLEDGE THAT LEO VETERINARY CARE DOES NOT BILL FEES. PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of payment: _____ Cash/Check _____ Visa/Mastercard _____ Discover

Signature: _____

Date: _____