



Code: NCF

Title: New Client Check-In Form

Date ___ / ___ / ____

Your Name _____

Spouse/Additional Owner _____

Address _____

City _____ State _____ Zip _____

Primary Phone number: _____ Is this Home__ Cell__ or Work__?

Additional Phone numbers: _____, _____, _____

Email address _____

Would you like to receive vaccine reminders via email? ____ yes ____ no

Your Employer _____ Work Phone _____

May we contact you there? ____

Spouse Employer _____ Work Phone _____

May we contact you there? ____

How did you hear about us?

____ Yellow Pages

____ Internet

Which website? _____

____ Hospital Sign / Walk By

____ Veterinary Practice

Veterinary Practice Name _____

____ Client

Whom may we thank? _____

____ Other

Please explain _____

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED

Type of Payment ____ Cash/Check ____ Credit Card

I understand that if I do not pay this account as agreed, the account is subject to costs of collection, attorney fees, and including interest (any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum). Return check fee is \$20. I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

Signature _____ Date _____



Code: NPF Title: New Patient Check-In Form

Date ___ / ___ / ____

Name _____

Breed _____

Color _____

Date of Birth or Approximate Age _____

Sex M F Neutered/Spayed Y N

Name of Last Veterinarian _____

Please provide the dates of the following:

Last Canine DHLPP vaccination _____

Last Rabies vaccination _____

Last Kennel Cough vaccination _____

Last Lymes vaccination _____

Last Heartworm Test _____ Test Result _____

Last Feline FVRCP vaccination _____

Last Feline Leukemia vaccination _____

Last Stool Check _____

Does your pet have any allergies to medication or other substances?

Is your pet currently on any medications? _____

Has your pet been treated for any major medical problems? _____

Does your pet have any behavior problems? _____

Is your pet's food dry or soft? _____ Which brand? _____

How often do you feed your pet? _____

How much, in kitchen cups, do you feed at one time? _____