



Weight: \_\_\_\_\_

### New Client Registration

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Social Security Number/Drivers License Number: \_\_\_\_\_

Phone number - Primary: \_\_\_\_\_ Other: \_\_\_\_\_

Pet's name(s) \_\_\_\_\_

Dog: \_\_\_ Cat: \_\_\_ Breed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: M \_\_\_ Neutered \_\_\_ F \_\_\_ Spayed \_\_\_

#### Vaccination History

DHLP-P(canine distemper combo) Date given: \_\_\_\_\_

FVRCPC(feline distemper combo) Date given: \_\_\_\_\_

Rabies Date given: \_\_\_\_\_

Other vaccinations received Date given: \_\_\_\_\_

#### Medical History

Is your dog on heartworm medication at this time? Yes \_\_\_ No \_\_\_

Is your pet having a medical problem at this time? If so please explain

\_\_\_\_\_

Are there any past medical problems we should be aware of?

\_\_\_\_\_

How do you plan on paying for today's visit? Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_

**PAYMENT IS EXPECTED AT THE TIME SERVICE IS RENDERED**