

AVONDALE VETERINARY HOSPITAL

NEW CLIENT INFORMATION FORM

Date _____

Owner's Name _____ Spouse/Other _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work Phone _____ Spouse/Other Work Phone _____

Owner's Occupation _____ Employer _____

Spouse's/Other's Occupation _____ Employer _____

In case of EMERGENCY, please call _____ at (Phone No.) _____

We will gladly prepare a written estimate if you desire. Professional fees are due at the time services are rendered.

For your convenience we accept cash, checks, American Express, Master Card and Visa. If you will be paying by check, please provide

Drivers License information: State _____; License No. _____ Expiration date _____.

How did you first hear of our hospital?

Yellow Pages Sign Individual (Someone we may thank?) _____.

Other Source _____

We consider our animal(s) part of the family pets.

To prevent the spread of infectious diseases and parasites hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites.

Please let us know in advance if someone other than those listed above will be picking up your pet(s).

Thank you for choosing Avondale Veterinary Hospital. If we can ever help with a problem or a worry that you might have, please call us.

ANIMAL MEDICAL HISTORY

PET #1

PET #2

Name _____	
Species _____	
Breed _____	
Color _____	
Date of Birth _____	
Sex _____	
Altered/Spayed _____	
Diet (Kind of Food) _____	
Length of time owned _____	
Dentistry _____	
Prior Illness _____	
Prior Surgery _____	
Previous Veterinarian/Hospital _____	Phone _____
Address _____	

VACCINATIONS GIVEN

DATES	DATES
DOGS: DHLPP+C (Distemper-dog) _____	
Bordetella (Kennel Cough) _____	
Rabies (Dog) _____	
Heartworm Test _____	
Hearworm Prevention _____	
Fecal Exam (worm check) _____	
Other Vaccines _____	
CATS: FVRCP _____	
Feline Leukemia Test _____	
Feline _____	
Fecal Exam (worm check) _____	
Rabies (Cat) _____	