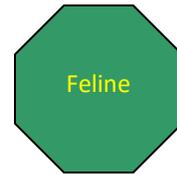




Scott G Nachbar, Veterinarian



## 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

DATE \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### PET INFORMATION

Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ Sex \_\_\_\_\_ Spayed or neutered? Y / N

Breed \_\_\_\_\_ Color \_\_\_\_\_ How long have you owned? \_\_\_\_\_

Do small children have contact? \_\_\_\_\_

Does your cat have a microchip? If so, number \_\_\_\_\_

When was your cat last vaccinated? Rabies \_\_\_\_\_ FVRCP (Distemper) \_\_\_\_\_

FeLV (Leukemia) \_\_\_\_\_ Where were they given? \_\_\_\_\_

Is your cat on flea, tick and/or Heartworm/Intestinal parasite prevention? Y / N \_\_\_\_\_

Has your cat been tested for Feline Leukemia (FeLV) or Feline AIDS virus (FIV)? Y / N

If so, when? \_\_\_\_\_ Result: \_\_\_\_\_

Do you board or groom your cat? Y / N

What food do you feed your cat? \_\_\_\_\_

Where does your cat spend time? Indoors \_\_\_\_\_ % Outdoors \_\_\_\_\_ %

Are there any prior or current illnesses/health issues/surgeries regarding your cat that we should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any past records of your pet, please bring them in at the time of exam. If you don't have records,

where can we call to get previous records? \_\_\_\_\_

All charges must be paid in full at the time of service. A deposit may be required for any surgical treatments. We accept cash, check, VISA, MASTERCARD, DISCOVER, and Care Credit.