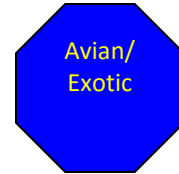




# Scott G Nachbar, Veterinarian



## 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

Species (circle one) Bird Hamster Rabbit Guinea Pig Reptile Ferret Other \_\_\_\_\_

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

Where did you get your pet? \_\_\_\_\_ Do small children have contact? \_\_\_\_\_

What type of food does your pet eat? \_\_\_\_\_

If applicable, how often do you feed your pet? \_\_\_\_\_

Do you feed your pet any vitamin/mineral supplements Y / N What kind? \_\_\_\_\_

What kind of heat source do you provide for your pet? \_\_\_\_\_

What temperature do you keep your pets environment? \_\_\_\_\_

Do you provide Ultraviolet light(UV Lamp)? \_\_\_\_\_ Natural sunlight? \_\_\_\_\_

What type of bedding do you have? \_\_\_\_\_

Do you provide any under cage heat or heat rocks? Y / N \_\_\_\_\_

Have you had any blood work or X-rays done in the past for your pet? Y / N \_\_\_\_\_

Are there any prior or current illnesses/health issues regarding your pet 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.