



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 _____
How did you hear about us? _____

PET INFORMATION

Name _____ DOB/Age _____ Sex _____ Spayed or neutered? Y / N
Breed _____ Color _____ How long have you owned? _____
Do small children have contact? _____ Is your dog a working/service dog? _____
Does your dog have a microchip? Y / N If so, number _____
When was your dog last vaccinated? Rabies _____ DHPP(Distemper) _____ Lepto _____
Bordetella(Kennel cough) _____ Lyme _____ Where were they given? _____
Is your dog on flea, tick, and/or Heartworm/Intestinal parasite prevention? Y / N _____
Has your dog been tested for heartworm or tick disease? Y / N If so, when/result? _____
Do you board or take your dog to dog parks? Y / N
Do you travel with your dog? Y / N If so, where? _____
Does your dog go to a grooming facility? Y / N
What food do you feed your dog? _____
Where does your dog spend time? Indoors _____% Outdoors _____%
Are there any prior or current illnesses/health issues/surgeries regarding your dog 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, AMERICAN EXPRESS, and Care Credit.

Please email the completed form to sgndvm459@gmail.com before your appointment