

# NEW CLIENT FORM

Thank you for giving me the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

**CLIENT INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Place of Employment \_\_\_\_\_

Spouse/Partner's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

How did you become aware of our practice? \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Newspaper \_\_\_\_\_ Person

E-mail address \_\_\_\_\_

**PATIENT INFORMATION:**

	PET #1	PET #2	PET #3
NAME OF YOUR PET(S)			
BREED OF YOU PET(S)			
DATE OF BIRTH			
COLOR			
SEX			
SPAYED OR NEUTERED?			
<b>VACCINATION HISTORY – DOG</b>			
RABIES			
DISTEMPER-PARVO (DHPP)			
BORDETELLA (KENNEL COUGH)			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION			
<b>VACCINATION HISTORY – CAT</b>			
RABIES			
FELINE DISTEMPER/URI (FVRCP)			
LEUKEMIA VACCINE			
FECAL (STOOL SAMPLE)			
FELV/FIV TEST?			

Any previous illnesses or surgeries? \_\_\_\_\_

Is your pet on any medications? \_\_\_\_\_

What is your pet's diet? \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT LEININGER VETERINARY SERVICES DOES NOT BILL FEES. PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of payment: \_\_\_\_\_ Cash/Check \_\_\_\_\_ Visa/Mastercard

Signature: \_\_\_\_\_

Date: \_\_\_\_\_