

## Client #

<b>New Client</b>	<b>Information</b>				
Last Name		First Name			
Address					
City	State		Zip		
Home Phone Social Security#	( ) Cell Phone	<u>( )</u>			
Employer		Work Phone	( )		
Email Addre	ess:				
<b>Spouses Inf</b>	<u>formation</u>				
Spouse Last Name		Spouses First Name			
Spouse Cell Ph Spouses Employer	one ( <u>)</u>	_	( )		
Spouse Email Address:					
Email addresses will only be used for Appointment, Recheck, and Vaccination reminders and any specials the Critter Clinic is offering. It will NOT be given to any third party company. (We don't like junk mail either.)					
*Check here if	you are eligible for our SENIOR DISCOUNT (a	age 65 or over)			
*How did you select our Hospital? (ie-Internet (Google?), Dex Phone Book, Advertising, Location?)					
*II referred by	one of our clients, please enter name:				
Referred By:					

\*\*Note to our clients: We try to stay on time with our appointments to respect our clients time, so please if you are going to be late give us a call so we may reschedule you and make sure we allow enough time for your and your pets needs to be met.

<u>Pet Information</u>	Client #
Pet's Name	
	Dog Cot Other
Species (Circle One):	Dog Cat Other
Sex: Female	Male Neutored
Female Spayed	Male Neutered
Breed:	
Birthdate	Weight:
Date of Last Vaccinations:	E-11
Canine	Feline
Distemper/ Parvo	
Canine Influenza	
Rabies	
Bordetella	<del></del>
	any medication? If so, please list them:
• •	any medication? If so, please list them:
*Is your pet currently taking a	any medication? If so, please list them:
*Is your pet currently taking a  *Please list any allergies you	our pet may have.
*Is your pet currently taking a  *Please list any allergies you  Pet Information	our pet may have.
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name	any medication? If so, please list them:  our pet may have.  Client #
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name  Species (Circle One):	any medication? If so, please list them:  Our pet may have.  Client #  Dog Cat Other Male
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name  Species (Circle One):  Sex: Female  Female Spayed	Dog Cat Other Male Male Neutered
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name  Species (Circle One):  Sex: Female  Female Spayed  Breed:	Dog Cat Other Male Male Neutered  Color:
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name  Species (Circle One):  Sex: Female  Female Spayed  Breed:  Birthdate	Dog Cat Other Male Male Neutered  Color:
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name  Species (Circle One):  Sex: Female  Female Spayed  Breed:  Birthdate	Dog Cat Other Male Male Neutered  Color:
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name  Species (Circle One):  Sex: Female  Female Spayed  Breed:  Birthdate  Date of Last Vaccinations:	Dog Cat Other Male Male Neutered  Color: Weight: Feline
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name Species (Circle One): Sex: Female Female Spayed  Breed: Birthdate Date of Last Vaccinations: Canine	Dog Cat Other Male Male Neutered Color: Weight: Feline FVRCP
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name Species (Circle One): Sex: Female Female Spayed  Breed: Birthdate Date of Last Vaccinations: Canine Distemper/ Parvo	Dog Cat Other Male Male Neutered  Color: Weight: Feline  FVRCP FeLV
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name  Species (Circle One):  Sex: Female  Female Spayed  Breed:  Birthdate  Date of Last Vaccinations:  Canine  Distemper/ Parvo  Canine Influenza	Dog Cat Other Male Male Neutered Color: Weight: Feline FVRCP FeLV Rabies Rabies
*Is your pet currently taking a  *Please list any allergies you  *Pet Information  Pet's Name  Species (Circle One):  Sex: Female Female Spayed  Breed: Birthdate  Date of Last Vaccinations: Canine  Distemper/ Parvo Canine Influenza  Rabies Bordetella	Dog Cat Other Male Male Neutered Color: Weight: Feline FVRCP FeLV Rabies Rabies

Pet Information	Client #			
Dotla Nama				
Pet's Name	D C ( 0/1			
Species (Circle One):	Dog Cat Other			
Sex: Female	Male			
Female Spayed	Male Neutered			
Breed:				
Birthdate	Weight:			
Date of Last Vaccinations:				
Canine	Feline			
Distemper/ Parvo	<del></del>			
Canine Influenza	FeLV			
Rabies	<del></del>			
Bordetella				
Does your pet have an ID Ch	p? Yes No <u>IF Yes ID Chip#</u>			
*Is your pet currently taking any	medication? If so, please list them:			
*Please list any allergies your	pet may have.			
Dat Information	Client #			
<u>Pet Information</u>	Chefit #			
Pet's Name				
Species (Circle One):	Dog Cat Other			
Sex: Female	Male			
Female Spayed	Male Neutered			
Breed:	Color:			
Birthdate	W7. * .1			
Date of Last Vaccinations:	Feline			
Canine	FVRCP			
Distemper/ Parvo				
Canine Influenza				
Rabies				
Bordetella				
	p? Yes No <i>IF Yes ID Chip#</i>			
*Is your pet currently taking any medication? If so, please list them:				
is your per currently taking any	medication: If so, piease list them.			
*Please list any allergies your	net may have			
Thease hist arry affects your	per may mave.			