

New Client Information

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Social Security# _____

Employer _____ Work Phone () _____

Email Address: _____

Spouses Information

Spouse Last Name _____ Spouses First Name _____

Spouse Cell Phone () _____

Spouses Employer _____ Work Phone () _____

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 (age 65 or over)

*How did you select our Hospital? (ie-Internet (Google?), Dex Phone Book, Advertising, Location?)

*If 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.

Pet Information

Client # _____

Pet's Name _____

Species (Circle One): Dog Cat Other _____

Sex: Female Male

Female Spayed Male Neutered

Breed: _____ Color: _____

Birthdate _____ Weight: _____

Date of Last Vaccinations:

Canine

Feline

Distemper/ Parvo _____ FVRCP _____

Canine Influenza _____ FeLV _____

Rabies _____ Rabies _____

Bordetella _____

Does your pet have an ID Chip? Yes No **IF Yes ID Chip#** _____

*Is your pet currently taking any medication? If so, please list them: _____

*Please list any allergies your pet may have. _____

Pet Information

Client # _____

Pet's Name _____

Species (Circle One): Dog Cat Other _____

Sex: Female Male

Female Spayed Male Neutered

Breed: _____ Color: _____

Birthdate _____ Weight: _____

Date of Last Vaccinations:

Canine

Feline

Distemper/ Parvo _____ FVRCP _____

Canine Influenza _____ FeLV _____

Rabies _____ Rabies _____

Bordetella _____

Does your pet have an ID Chip? Yes No **IF Yes ID Chip#** _____

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Pet's Name _____

Species (Circle One): Dog Cat Other _____

Sex: Female Male

Female Spayed Male Neutered

Breed: _____

Color: _____

Birthdate _____

Weight: _____

Date of Last Vaccinations:

Canine

Feline

Distemper/ Parvo _____

FVRCP _____

Canine Influenza _____

FeLV _____

Rabies _____

Rabies _____

Bordetella _____

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