Animal Advocates
VETERINARY HOSPITAL

New Client Information

Welcome to Animal Advocates Veterinary Hospital. Please help us provide your pet with the best care possible by completing the information on this form.

Mrs. ___ Mr. ___ Dr. ___ Ms. ___

First Name: ____________________________________MI:_____________Last Name: _________________________

Address: ___________________________________City:__________________State:___________ Zip: ____________

Home Phone: (   )___________________Work: (   )___________________Cell: (   )__________________

Email: ____ Date of Birth: ________________________________

Additional Contact: First Name: _______________________________MI:_______Last Name: __________________

Phone: (   )__________________   Authorized to treat pet? ___ yes ___ no   Initial Here ______

PET INFORMATION

Pet's Name ____ Age/DOB __________________

___Dog ___Cat   Breed ________________________

__Male ___Female   Neutered/Spayed __ yes __ no   Color ________________________

Does your pet have allergies? __yes __ no   If Yes, what? ________________________

Has your pet ever had a reaction to vaccines or medications? __yes __ no   If Yes, what? ____________________

Pet's Name ____ Age/DOB __________________

___Dog ___Cat   Breed ________________________

__Male ___Female   Neutered/Spayed __ yes __ no   Color ________________________

Does your pet have allergies? __yes __ no   If Yes, what? ________________________

Has your pet ever had a reaction to vaccines or medications? __yes __ no   If Yes, what? ____________________

Pet's Name ____ Age/DOB __________________

___Dog ___Cat   Breed ________________________

__Male ___Female   Neutered/Spayed __ yes __ no   Color ________________________

Does your pet have allergies? __yes __ no   If Yes, what? ________________________

Has your pet ever had a reaction to vaccines or medications? __yes __ no   If Yes, what? ____________________

How did you hear about us? _______________________________________ Referred By: _______________________

All payments are due at the time of services rendered.
We accept cash, Visa, Mastercard, Discover, and Care Credit.
I have read and understand the above statements and agree to all terms therein.

Signature: ____ Date: ____________________________