

## **PINE MEADOW – NEW CLIENT FORM**

Thank you for giving us the opportunity to care for your pet!

Owner's Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear of our hospital?

Individual, Someone We May Thank? \_\_\_\_\_

Yellow Pages, or another telephone directory?

Hospital Sign?

Another Hospital? If so, which? \_\_\_\_\_

Internet (Please specify which site or search engine? \_\_\_\_\_)

Other, please state: \_\_\_\_\_

How much information do you want to be given about your pet's health?

I want a full explanation – anything and everything.

I want a brief explanation – just the important stuff.

I just want to know if there's anything I need to do – keep it simple.

**😊😊 Please complete the Animal Medical History on the back of this page!😊😊**

# Animal Medical History

	Pet #1		Pet #2	
Pet's Name				
Species (Dog, Cat, etc.)				
Breed				
Color and Markings				
Age or Date of Birth				
Sex	Male	Female	Male	Female
Spayed or Neutered? (if yes, at what age?)	Yes	No	Yes	No
Do they have a microchip?	Yes	No	Yes	No
Diet (Name of Your Pet's Food)				
Daily Medications, Vitamins or Treats				
Shampoo/Flea Products Used				
Major Surgeries, Medical Conditions, Behavior Problems?				
History of Vaccine Reaction?	Yes	No	Yes	No
Other Allergies (food, environment, etc.)				

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise completed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Preferred Method of Payment: ( ) Cash ( ) Check ( ) Credit Card